



# IRA Beneficiary Change Form

Use this form to change your IRA beneficiary (applies to IRA accounts only). Please forward the completed form to: The Stewart Capital Mutual Funds, P.O. Box 2175, Milwaukee, WI 53201-2175. If you have any questions about this form, please call the Stewart Capital Mutual Funds at 1-877-420-4440.

When making a beneficiary change, you must change or confirm both your primary and contingent beneficiary designations. Leaving a section blank constitutes an update and will delete any primary or contingent beneficiaries, as applicable, for the account(s) listed in Section 1.

## 1. INVESTOR INFORMATION

The changes in Sections 2 and 3 detailed below apply to the following account(s):

Account Owner Name	
Social Security Number	
Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number

## 2. PRIMARY BENEFICIARIES

The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form. Unless otherwise indicated, The Stewart Capital Mutual Funds will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100%. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information for each beneficiary.

Name		Date of Birth/Trust Date	
Social Security Number/Tax ID		Relationship	% of Account
Street Address			
City	State	Zip	Phone Number
Name		Date of Birth/Trust Date	
Social Security Number/Tax ID		Relationship	% of Account
Street Address			
City	State	Zip	Phone Number

**3. CONTINGENT BENEFICIARIES**

Contingent Beneficiaries are individual(s) or entity(ies) who will receive the IRA funds upon the death of the IRA owner and the primary beneficiary(ies). The beneficiary's name and SSN/TIN are required for the Custodian to consider the beneficiary designation to be in good form. Beneficiary designations received without this information will not be considered received in good form. In the event a distribution must be made to beneficiaries, shares will be distributed among the beneficiaries for whom beneficiary designation(s) have been received in good form. Unless otherwise indicated, The Stewart Capital Funds will assume equal beneficiary distribution if more than one contingent beneficiary is designated. The sum of the percentages for all contingent beneficiaries must equal 100%. If you wish to name more than two contingent beneficiaries, please attach a separate sheet with all of the requested information for each beneficiary.

Name		Date of Birth/Trust Date	
Social Security Number/Tax ID		Relationship	% of Account
Street Address			
City	State	Zip	Phone Number

Name		Date of Birth/Trust Date	
Social Security Number/Tax ID		Relationship	% of Account
Street Address			
City	State	Zip	Phone Number

**3. AUTHORIZED SIGNATURE**

I hereby designate the individual(s) named above as the beneficiary(ies) of this IRA. I revoke all prior IRA beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the custodian.

Signature of Account Owner	Date
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**Spousal Consent: (if applicable)**

Spousal consent is required in community property and marital property states where an IRA depositor wishes to name a beneficiary other than, or in addition to, his/her spouse. A participant who resides in a community property or marital property state must sign the consent below.

I hereby consent to and join in the designation of the beneficiary listed on this form. I give the participant any interest I have in the funds contributed to this account.

Signature of Spouse	Date
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