



Ave Maria Mutual Funds

Beneficiary Designation for IRA/ROTH IRA Accounts

For assistance in completing this form please call **1-888-726-9331**

This form allows an IRA/Roth IRA account holder to specify beneficiaries as recipients of the account upon death of the owner.

1 ACCOUNT INFORMATION

IRA Owner's Name _____

Account Number _____ Phone Number _____

In the event of my death, pay my IRA/ROTH IRA balance to the following primary beneficiary(ies). If all of the primary beneficiaries die before me, pay my IRA/ROTH IRA balance to the contingent beneficiaries. If any of my beneficiaries die before me, the deceased beneficiary's share will be reallocated among the surviving beneficiaries on a pro rata basis. If none of the beneficiaries survive me, any balance in my IRA/ROTH IRA will be paid to my estate. This designation revokes all previously made designations on this account. If neither the Primary or Contingent box is marked, the default will be Primary.

2 BENEFICIARY INFORMATION

Beneficiary Name	Birthdate	SS# or TIN	Relationship	Share %	Primary	Contingent
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

3 SIGNATURES (Please sign exactly as account is registered)

IRA Owner's Signature (required) _____ Date _____

SPOUSAL CONSENT – Complete Only if Required by State Law

I am the spouse of the IRA Owner listed above and consent to the beneficiary designation(s) set forth on this form. I hereby transmute (transfer) any property interest I may have in this IRA into the separate property of my spouse.

Spouse's Signature _____ Date _____

Witness Signature (if required) _____ Date _____

Mail completed form to: **Ave Maria Mutual Funds**
c/o Shareholder Services
P.O. Box 46707
Cincinnati, OH 45246-0707 or fax: **513-587-3438**