



# Matthews Asia

matthewsasia.com

## Individual Retirement Account Beneficiary Designation

## 2 Primary Beneficiary(ies)

**Important Note:** The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If more than one person is named and no percentage is indicated, a joint tenancy with the right of survivorship will be deemed to have been created. If neither the Primary nor the Contingent Beneficiary box is checked, the Beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of your death, the balance in the account shall be paid to the Primary Beneficiaries who survive you in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive you, the balance in the account shall be paid to the Contingent Beneficiaries who survive you in equal shares (or in the specified shares, if indicated). If the Beneficiary is a trust, please indicate the date of the trust and the trustee(s) name. You may change your Beneficiaries at any time by giving written notice to the Custodian. If you do not designate a Beneficiary, or the Beneficiary(ies) you designate predecease you, your surviving spouse will become the Beneficiary of your IRA. If you have no surviving spouse or are unmarried, your estate will become the Beneficiary of your IRA.

## 1 Shareholder's Information

Name (First, Middle, Last)

Mailing Address

Email Address

Phone Number

Full Fund Name

Account Number

Social Security Number

Date of Birth

### Type of Account (Check One):

- IRA
- ROTH IRA
- SEP-IRA
- Simple IRA

**Depositor's Designation:** I hereby revoke any previous beneficiary designation. In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA.

Name % of Distribution

Street

City

State Zip Code

Date of Birth Relationship

Social Security Number

Name % of Distribution

Street

City

State Zip Code

Date of Birth Relationship

Social Security Number

Please check here if you have attached a separate sheet with additional Primary Beneficiaries. Sign and date the sheet.

Complete this form to change your designated Primary or Contingent Beneficiary(ies). A beneficiary must survive you to receive anything. If your Primary Beneficiary(ies) do not survive you, your Contingent Beneficiary(ies) will receive the funds.

Once you have completed this form please mail it to:  
**Matthews Asia Funds P.O. Box 534475 Pittsburgh, PA 15253-4475**

For assistance in completing this form, please call one of our shareholder services representatives at: 800.789.ASIA (2742).

Individual Retirement Account Beneficiary Designation Form

Page 1 of 2

IRA BEN 0426

### 3 Contingent Beneficiary(ies)

Name \_\_\_\_\_ % of Distribution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ % of Distribution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ % of Distribution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ % of Distribution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please check here if you have attached a separate sheet with additional Contingent Beneficiaries. Sign and date the sheet.

### 4 Owner's Signature

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

### 5 Spousal Consent

Spousal consent is required in community property and marital property states where an IRA Depositor wishes to name a Beneficiary(ies) other than, or in addition to, the spouse. Spouses of Depositors who reside in community property or marital property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI) must sign the consent below.

I hereby consent to and join in the designation of Beneficiary(ies) above. I give to the Depositor any interest I have in the funds deposited in this account:

Signature of Depositor's Spouse (if applicable) \_\_\_\_\_

Date \_\_\_\_\_