

ACCOUNT OWNER'S SOCIAL SECURITY NUMBER

3RD	THIS BENEFICIARY IS (CHECK ONE):				STATUS		BENEFICIARY'S SOCIAL SECURITY NUMBER					
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							
BENEFICIARY'S (OR TRUSTEE'S) LAST NAME (INCLUDE ADDITIONAL INFORMATION BELOW.)						BENEFICIARY'S (OR TRUSTEE'S) FIRST NAME						MI
BENEFICIARY'S (OR TRUSTEE'S) HOME MAILING ADDRESS - NUMBER AND STREET											APT	
CITY				STATE		ZIP CODE			COUNTRY			
PERCENTAGE TO BE RECEIVED			RELATIONSHIP			ADDITIONAL TRUST OR CHARITY/ORGANIZATION INFORMATION						
<input type="checkbox"/> %			<input type="checkbox"/> DAUGHTER/SON <input type="checkbox"/> PARENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> SISTER/BROTHER <input type="checkbox"/> OTHER									

4TH	THIS BENEFICIARY IS (CHECK ONE):				STATUS		BENEFICIARY'S SOCIAL SECURITY NUMBER					
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							
BENEFICIARY'S (OR TRUSTEE'S) LAST NAME (INCLUDE ADDITIONAL INFORMATION BELOW.)						BENEFICIARY'S (OR TRUSTEE'S) FIRST NAME						MI
BENEFICIARY'S (OR TRUSTEE'S) HOME MAILING ADDRESS - NUMBER AND STREET											APT	
CITY				STATE		ZIP CODE			COUNTRY			
PERCENTAGE TO BE RECEIVED			RELATIONSHIP			ADDITIONAL TRUST OR CHARITY/ORGANIZATION INFORMATION						
<input type="checkbox"/> %			<input type="checkbox"/> DAUGHTER/SON <input type="checkbox"/> PARENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> SISTER/BROTHER <input type="checkbox"/> OTHER									

6 Account Owner Signature: I wish to effect the changes noted above in the NYCE IRA. I affirm that the information is true and accurate.

Signature: _____ Date:

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7 Statement of Notary: This form must be notarized if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized if you are changing the address of an existing beneficiary.

State of _____)
) SS.:
 County of _____)

On _____ before me, the undersigned, personally appeared _____ personally
 known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she
 executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the
 instrument.

 (Signature and office of individual taking acknowledgment)