

# Designation of Beneficiary for Retirement Accounts



Use this form to designate beneficiaries for your American Century Investments® retirement accounts.

**Want to save time? Most designations can be submitted online. Go to [americancentury.com/bene](http://americancentury.com/bene) for details.**

## Read before you complete your designation

- Provide all information requested. **You must sign and date in step 7 to make your designation effective.**
- If you are married, spousal consent may be required. Please see step 5 for details.
- If a trust is your beneficiary, consult your attorney and submit a copy of the title page, signature page, and any other pages of the trust document that reveal the order of successor trustees.
- American Century Investments will pay benefits only to those beneficiaries living at the time of your death. If you wish to include per stirpes instructions, do not complete this form. Call us for instructions.

**Please print clearly in CAPITAL letters, using black ink.**

## 1 Provide Information About Yourself

Owner's U.S. Social Security number

Mr. / Mrs. / Ms.    Owner's first name

Middle initial    Owner's last name

Telephone number (daytime)

Telephone number (evening)

## 2 Choose the Account Type to Which This Designation Will Apply

You may designate beneficiaries for retirement accounts which you own, are the Responsible Individual or were named the beneficiary by a deceased owner. **The beneficiary designation does not apply to qualified retirement plan accounts.** If you wish to designate beneficiaries for a qualified retirement plan, please do not complete this form; instead, call your employer for instructions.

Indicate below the types of accounts to which your designation applies. You may select "all my retirement accounts" or choose only specific types of accounts. *If you do not mark any boxes, you are authorizing us to apply your designation to all of your retirement accounts.*

**All my retirement accounts**, including any beneficiary accounts I own due to the death of the original account owner.

Or, select as appropriate.

Traditional/Rollover IRA     Roth IRA     SEP IRA     SARSEP IRA

403(b)     457(b)     SIMPLE IRA (Savings Incentive Match Plan for Employees IRA)

Beneficiary Traditional/Rollover IRA     Beneficiary Roth IRA     Beneficiary SEP IRA

Beneficiary SARSEP IRA     Beneficiary SIMPLE IRA     Beneficiary 403(b)     Beneficiary 457(b)

\*Updates to a Traditional IRA designation also apply to a Rollover IRA and vice versa. A Rollover IRA is a Traditional IRA that only contains assets rolled over from a former qualified retirement plan.

### 3 Designate Your Primary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four primary beneficiaries, photocopy this page and attach it.** If any of your primary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining primary beneficiaries. In the event of my death, pay the balance of the retirement account(s) I indicated in step 2 to:

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

<b>Total must equal 100%</b>
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**If you do not indicate percentages, American Century Investments will pay benefits in equal shares.**

## 4 Designate Your Secondary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four secondary beneficiaries, photocopy this page and attach it.** If any of your secondary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining secondary beneficiaries.

If none of my primary beneficiaries listed on this form are living at the time of my death, pay the balance of the retirement account(s) I indicated in step 2 to:

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary  _____ %
Street address	City	State	ZIP	
U.S. Social Security number OR Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

<b>Total must equal 100%</b>
----------------------------------

**If you do not indicate percentages, American Century Investments will pay benefits in equal shares.**

## 5 Obtain Spousal Consent if Necessary

If your spouse has NOT been named as the sole primary beneficiary, spousal consent may be required. It is the account owner's responsibility to determine if spousal consent is required and to ascertain if the language on this form satisfies applicable state statutes. American Century Services, LLC, State Street Bank and Trust Company, and any affiliate and/or any of their directors, trustees, employees and agents are not liable for any consequences resulting from your failure to provide spousal consent.

Generally, notarized spousal consent is required if:

- Your account is a retirement account **and** you live in a community property state. -OR-
- Your account is a 403(b) that is subject to the Qualified Preretirement Survivor Annuity (QPSA) requirement of ERISA. Under this provision, if you are married or later become married and your spouse is not named as sole primary beneficiary, your designation will not be valid unless your spouse has provided consent with notarization, regardless of whether you live in a community property state. Check with your employer to determine if your plan is subject to this provision.

### Spousal Consent

As the spouse, by signing my name below, I acknowledge that:

- I have read this *Designation of Beneficiary* form and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to this *Designation of Beneficiary* form and understand that if I were to decline to sign this consent, as the account owner's or participant's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's/participant's death.
- For 403(b) Spouses: I have read and understand the explanation and waiver of QPSA provided by my spouse's employer; I understand the financial effect of my spouse's election to waive the QPSA and I waive all rights to a QPSA under my spouse's 403(b) plan.

\_\_\_\_\_  
Name of Spouse (please print)

→ \_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

### Acknowledgement

(Your spouse's signature must be acknowledged by a notary public.)

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, appeared before me in person, the person whose signature appears above, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

\_\_\_\_\_  
Notary public's signature (Seal)

\_\_\_\_\_  
Commission expires (month-day-year)

## 6 Authorization to Release Information (optional)

By completing this section, I authorize American Century Investments to release the name(s) of my beneficiary(ies) as indicated below for the purpose of confirming/obtaining beneficiary contact information after notification of my death. (Mark all that apply or leave this section blank to indicate none.)

- To any of my beneficiaries (beneficiaries are allowed to know who the other beneficiaries are).  
 To the individual listed below.

Name		Relationship to you	
Street address		Apt./Unit	
City	State	ZIP	
Email address		Telephone number	

**You may revoke the authorization to release information at any time by submitting a new beneficiary designation.**

## 7 Sign Your Name and Date Below

### For All Account Owners

- Be sure to obtain spousal consent in step 5, if necessary.
- Review and update your designation periodically, especially if there is a change in your family status (marriage, divorce, adoption of children, death of a family member) or if the information for a beneficiary changes. In the event of a divorce, a designation of a former spouse may not be valid unless you re-designate your former spouse by submitting a new beneficiary form after the divorce is final.

Upon acceptance by American Century Investments, your designation revokes all previous beneficiary designations for the accounts you selected in step 2. You may change your beneficiaries at any time and the change is effective when the Custodian and plan administrator, if applicable, receives and accepts it. If your designation is not accepted, any prior designation will remain in effect.

### For 403(b) Investors Only

- By signing this form, you acknowledge that if you are married at the time of your death, your surviving spouse is not designated as your sole primary beneficiary, and the plan is subject to the QPSA requirements of ERISA, this designation of beneficiaries will not be valid unless your surviving spouse has waived the QPSA (on a form provided by your employer) and consented to this beneficiary designation (step 5 of this form).

**Please sign your name exactly as it appears on your account, provide the date signed, and mail this form to us.**



Signature

Date (Required)

Printed name

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### For Overnight Deliveries:

**American Century Investments**  
430 W. 7th St.  
Kansas City, MO 64105-1407

### Traditional, Rollover and Roth IRAs

P.O. Box 419200  
Kansas City, MO 64141-6200  
1-800-345-2021

### All Other Retirement Plans

P.O. Box 419385  
Kansas City, MO 64141-6385  
1-800-345-3533

[americancentury.com](http://americancentury.com)