



Designation or Change of Beneficiary

3500 Blue Lake Drive Suite 360
Birmingham, AL 35243
Email: smaira@sma.org

All account holders must complete this form. Even if your plans have not changed, complete this form and mail it back to us as soon as possible. We want to make certain we have the most up-to-date information on file for you. Remember, your percentage must add up to 100%. If you have additional beneficiaries please include an additional form.

Account Holder Information

First Name _____ Last Name _____ Birthdate: _____
SSN: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email: _____

Beneficiaries

Primary Beneficiary: _____ Relationship: _____ Birthdate: _____
SSN: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email: _____ Percentage: _____

Additional Primary Beneficiary: _____ Relationship: _____ Birthdate: _____
SSN: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email: _____ Percentage: _____

Contingent Beneficiary: _____ Relationship: _____ Birthdate: _____
SSN: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email: _____ Percentage: _____

Contingent Beneficiary: _____ Relationship: _____ Birthdate: _____
SSN: _____ Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Email: _____ Percentage: _____

Witness (To be completed by a witness and the Account Owner)

In Witness Whereof, I have hereunto set my hand, this the _____ day of _____, _____.

Signature of Witness: _____ Signature of Account Holder: _____

ACKNOWLEDGEMENT (To Be Completed by SMA-IRA Program Administration)

Signature: _____ Date: _____