



# IRA Beneficiary Addition / Change Form

For Traditional, ROTH, SEP, and SIMPLE IRAs

Mail To: **KEELEY funds**  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: **KEELEY funds**  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL 3  
Milwaukee, WI 53202-5207

**IMPORTANT NOTICE:** This designation will not be in force unless it is signed and received by the custodian, at one of the addresses above, before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling the toll-free number on your statement.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

**Directions** Please complete all sections as appropriate, including the name of the fund you own. Sign and return the form to one of the addresses above.

## 1 Investor Information *One form per person, please.*

<input type="text"/>	<input type="text"/>
FULL NAME	SOCIAL SECURITY NUMBER
<input type="text"/>	
MUTUAL FUND FAMILY NAME	
<input type="text"/>	
ACCOUNT NUMBER(S)	

## 2 Beneficiary Designation *All beneficiaries must be named as the Custodian cannot properly determine beneficiaries such as "children" or "spouse". I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my Retirement Account(s) (IRA) upon my death:*

### Primary *(If you need more space, please continue on back of the form.)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

### Secondary *(If you need more space, please continue on back of the form.)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

<input type="text"/>	<input type="text"/>
SIGNATURE OF SPOUSE	DATE

### 3 Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

GRANTOR / SHAREHOLDER'S SIGNATURE

DATE (Mo / Dy / Yr)