



# Beneficiary Update

You can now complete most transactions online. Visit [thornburg.com](http://thornburg.com)

Mail form to: Thornburg, PO Box 219017, Kansas City, MO 64121

## 1. Account Information

Account Number		Account Registration	
Social Security or TIN		Email Address	
Address		Phone	
City	State	Zip	Alternate Phone

## 2. Beneficiary Information

Default arrangement is pro-rata. Please specify if you wish to designate per stirpes.

### Beneficiary

A.  Add  Remove      B.  Primary  Contingent

Name	Relationship	Percentage
Date of Birth	Social Security or TIN	

### Beneficiary

A.  Add  Remove      B.  Primary  Contingent

Name	Relationship	Percentage
Date of Birth	Social Security or TIN	

### Beneficiary

A.  Add  Remove      B.  Primary  Contingent

Name	Relationship	Percentage
Date of Birth	Social Security or TIN	

## 2. Beneficiary Information (continued)

### Beneficiary

A.  Add  Remove      B.  Primary  Contingent

---

Name	Relationship	Percentage
------	--------------	------------

---

Date of Birth	Social Security or TIN
---------------	------------------------

---

## 3. Spousal Consent

This section should be reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.

*I am the spouse of the above named Depositor. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in the IRA, I have been advised to see a tax professional or legal advisor.*

*I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.*

---

Signature of Spouse

Date

## 4. Shareholder Authorization Signature

---

Participant Signature

Date

Signature required to effect the above changes.