

# ROTH IRA DESIGNATION OF BENEFICIARY

For Internal Use  
A/C#

Instructions: Please use this form to designate Primary Beneficiaries and Contingent Beneficiaries for a Roth IRA with Johnson Mutual Funds Trust. Should you wish to name more beneficiaries than this form has provided, please attach additional sheets. Please make sure the proportions add up to 100%. If one or more of your primary beneficiaries is not living at the time of your death, benefits will be divided among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased, benefits will be paid to the contingent beneficiaries with the assigned proportions.

## 1. SHAREHOLDER INFORMATION:

NAME OF SHAREHOLDER \_\_\_\_\_ TAX ID OR SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

## 2. BENEFICIARY(IES):

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). I revoke all prior Roth IRA Beneficiary designations, if any, made by me for these assets. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Roth IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

Name (First, Middle, Last)	Tax ID or SSN	Date of Birth	RELATIONSHIP			
			Share % Primary	Share % Contingent	Spouse/Son/Daughter	Trust/Other
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
TOTAL MUST EQUAL 100% →			100%	100%		

## 3. SIGNATURES:

I hereby revoke every previous designation of beneficiaries for my Roth IRA. I understand that I may change my beneficiary(ies) at any time and that the change is effective when received by Johnson Mutual Funds Trust.

IRA OWNER'S SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETE IF REQUIRED BY STATE LAW

Spousal Consent: I am the spouse of the Roth IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transfer any community property interest I have in this Roth IRA into the separate property of my spouse.

SPOUSE'S SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

