

# IRA Beneficiary Designation

Use this form to designate beneficiaries for your Columbia Private Trust Account (including Traditional, Roth, Simple, SEP, and Inherited IRAs). Please submit a Solo(K) Beneficiary Designation form if making updates to a Solo(K) Account. Additional pages may be attached if you wish to designate more than two primary or two contingent beneficiaries beyond the space allotted on Page 2; all requested information (Social Security number, date of birth, phone numbers) should be included for Columbia Private Trust to accept the designations. **Your signature and date are required on Page 4.**

**\*\*All beneficiary designations are subject to an administrative review and acceptance by Columbia Private Trust.\*\***

## 1. ACCOUNT OWNER/BENEFICIAL ACCOUNT OWNER INFORMATION (\* Required)

ACCOUNT OWNER NAME (FIRST, MI, LAST)*		COLUMBIA PRIVATE TRUST ACCOUNT NO.*	
SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	PRIMARY PHONE*	

I wish to apply the beneficiary designations listed herein (or attached to this form) to my following other accounts held by Columbia Private Trust:

ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
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## 2. BENEFICIARY DESIGNATION

My beneficiaries and (if applicable) contingent beneficiaries are:

Listed on the next page      Attached to this form

- If you are designating a Trust as a beneficiary, please complete both pages 2 and 3:
  - Page 2 – Complete section 2 using the Trust’s information
  - Page 3 – Complete section 3 using the Trustee(s) information
- You may designate as many beneficiaries as you wish; additional sheets may be attached, if needed, for contingent beneficiaries. Please provide the information requested for each beneficiary following the formats on the next page.
- Providing Social Security numbers for each beneficiary is required; without them, Columbia Private Trust will be unable to process distribution instructions in the event of an Account Owner’s death.
- Important note about community property rights. If you live in a community property state and you are married, your spouse may have certain rights to your retirement account. You may wish to consult with your legal advisor(s) for guidance on community property rights.

I hereby designate the persons named herein as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the IRA Custodial Account Agreement, hereby revoking any such prior designations made by me.

I understand that, except as otherwise set forth in this IRA Beneficiary Designation Form or any attachment to this form, the terms of the IRA Custodial Account Agreement will govern with regard to the disposition of my account upon my death.

CONTINUED ON THE NEXT PAGE



## 2. BENEFICIARY DESIGNATION (CONTINUED)

The total percentage of ownership for each level of beneficiary, both primary and contingent, must equal exactly 100%. For example, if you designate three beneficiaries, with rights to equal portions of the account, the amount should reflect 33.33%, 33.33%, and 33.34%. If your beneficiary designation request does not total 100%, Columbia Private Trust will not be able to process the designation and will contact you for clarification.

### 2A PRIMARY BENEFICIARY(IES)

Please provide us with your beneficiary information below. **All fields must be completed for each beneficiary.** Columbia Private Trust does not accept per stirpes designations for beneficiaries. If you would like to designate any contingent beneficiaries, please complete section 2B below.

BENEFICIARY #1 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.		DATE OF BIRTH (ENTER N/A IF ENTITY)	
RELATIONSHIP TO ACCOUNT OWNER				PERCENTAGE OF OWNERSHIP	
				%	
MAILING ADDRESS			EMAIL ADDRESS		
CITY	STATE/PROVINCE	POSTAL CODE	PHONE NUMBER	CELL NUMBER	

BENEFICIARY #2 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.		DATE OF BIRTH (ENTER N/A IF ENTITY)	
RELATIONSHIP TO ACCOUNT OWNER				PERCENTAGE OF OWNERSHIP	
				%	
MAILING ADDRESS			EMAIL ADDRESS		
CITY	STATE/PROVINCE	POSTAL CODE	PHONE NUMBER	CELL NUMBER	

Additional primary beneficiaries are attached.

### 2B CONTINGENT BENEFICIARY(IES)

In case of death of primary beneficiaries.

CONTINGENT BENEFICIARY #1 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.		DATE OF BIRTH (ENTER N/A IF ENTITY)	
RELATIONSHIP TO ACCOUNT OWNER				PERCENTAGE OF OWNERSHIP	
				%	
MAILING ADDRESS			EMAIL ADDRESS		
CITY	STATE/PROVINCE	POSTAL CODE	PHONE NUMBER	CELL NUMBER	

CONTINGENT BENEFICIARY #2 NAME (FIRST, MI, LAST / ENTITY NAME)		SOCIAL SECURITY NO. / TAX ID NO.		DATE OF BIRTH (ENTER N/A IF ENTITY)	
RELATIONSHIP TO ACCOUNT OWNER				PERCENTAGE OF OWNERSHIP	
				%	
MAILING ADDRESS			EMAIL ADDRESS		
CITY	STATE/PROVINCE	POSTAL CODE	PHONE NUMBER	CELL NUMBER	

Additional contingent beneficiaries are attached.



### 3. TRUSTS NAMED AS A BENEFICIARY

Please read and complete this section if you are designating a Trust as a beneficiary. Please provide us with the information below on the current Trustee(s) of the Trust and the pages of the trust agreement described below:

#### TRUST AGREEMENT

Along with this form, you must also include a copy of the first and signature pages of the trust agreement.<sup>1</sup>

Please **DO NOT** forward a full copy of the trust agreement and other trust documents unless specifically requested to do so. Columbia Private Trust, in its role as account custodian, cannot and will not interpret the terms of the trust agreement or other trust documents. If such an interpretation is required, the trustee(s) must obtain a legal opinion of the trust agreement's terms. The custodian will rely solely on the direction of the trustee(s) as to the terms of the trust agreement and other trust documents.

I am both the account owner and Trustee of the Beneficiary Trust.

#### TRUSTEE INFORMATION

- Please attach additional pages if necessary. All fields denoted with an asterisk (\*) are required.

TRUSTEE #1 NAME (FIRST, MI, LAST)*		SSN*	DATE OF BIRTH*
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY	POSTAL CODE*
LEGAL PHYSICAL ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY	POSTAL CODE*
EMAIL*		PHONE NO.*	

Sole Trustee      Co-Trustee

TRUSTEE #2 NAME (FIRST, MI, LAST)*		SSN*	DATE OF BIRTH*
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY	POSTAL CODE*
LEGAL PHYSICAL ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY	POSTAL CODE*
EMAIL*		PHONE NO.*	

Sole Trustee      Co-Trustee

<sup>1</sup> A copy of the portion of the Will that creates a Testamentary Trust may also be provided in lieu of a Trust Agreement.



#### 4. ACKNOWLEDGMENT & SIGNATURE

I authorize Columbia Private Trust to process this beneficiary designation. I agree to release, indemnify, defend, and hold Columbia Private Trust and its related entities harmless from any claims arising out of processing my beneficiary changes/updates, including any damages, fees, costs, or expenses arising therefrom. I acknowledge that this new beneficiary designation supersedes any and all other beneficiary designations previously provided to Columbia Private Trust. This designation shall be in effect until I otherwise notify Columbia Private Trust in writing.

PLEASE SIGN AND DATE BELOW.

	ACCOUNT OWNER SIGNATURE	DATE*
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NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

**Upload forms to:**  
[ColumbiaPrivateTrust.com/Upload](https://ColumbiaPrivateTrust.com/Upload)  
**Fax to:** 303.614.7086

**Send mail to:**  
Columbia Private Trust  
Processing Center  
P.O. Box 981012  
Boston, MA 02298

**For express deliveries:**  
FIS-Remittance Processing  
Loading Dock #2  
Attn: Columbia Private Trust  
10 Dan Road  
Canton, MA 02021

**Questions?**  
Call 800.962.4238

