

Regular mail: ESG Managers® Portfolios PO Box 55389 Boston MA 02205-5389 Overnight mail: ESG Managers® Portfolios c/o BFDS 30 Dan Road, Suite #55389 Canton, MA 02021-2809 Telephone: 888.374.8920

Zip Code

State

## **Change of Beneficiary Form**

Use this form to update the beneficiary information for your Traditional IRA, Roth IRA, Rollover IRA, SEP IRA, or SIMPLE IRA. For help with filling out this form please call 888.374.8920 between 8AM and 6PM ET M-F.

A. Please tell us about your e	existing account						
Account Number	Share Class	ı	1				
First Name	Middle Initial	Last Name		Social Sec	urity Number		
Mailing Address	City		State	Zip Code			
Signature				Date			
☐ Check here if contact information	above is new.						
Effective immediately, please remove the following information. I underst below will be entitled to my account tenancy with the right of survivorshit the trustee(s) name: <b>B. Beneficiary Designation</b> □ Check here if you have attached a	and that all previously filed in the event of my death. If ip will be deemed to have be	beneficiary changes f more than one perso een created. If the ber	will be disregar on is named an neficiary is a tru	ded, and only t d no percentag ast, please indic	he beneficiaries named e is indicated, a joint rate the date of the trust an		
		1					
Name of Beneficiary		% of Distribution	Socio	al Security/Tax II	D No. (required)		
Relationship	Beneficiary's Birthd	Beneficiary's Birthdate (mm/dd/yyyy) Name of Guard			ian/Trustee(s) (if Beneficiary is a Minor/Trust)		
			1				
Beneficiary's Mailing Address	City		State		Zip Code		
		I	1				
Name of Beneficiary		% of Distribution	Socio	al Security/Tax II	D No. (required)		
Relationship	Beneficiary's Birthd	ate (mm/dd/yyyy)	Name of Guard	lian/Trustee(s) (i	f Beneficiary is a Minor/Trust		
Beneficiary's Mailing Address	City		State		Zip Code		
<b>Contingent Beneficiary Design</b> If none of the primary beneficiaries there □ if you are attaching any page	survive me, the account asse			ciary (if any) na	nmed below. Please check		
			1				
Name of Beneficiary		% of Distribution	Socio	al Security/Tax II	O No. (required)		
Relationship	Beneficiary's Birthd	ate (mm/dd/yyyy)	Name of Guard	lian/Trustee(s) (i	f Beneficiary is a Minor/Trust		

City

Beneficiary's Mailing Address

		1		ı		
Name of Beneficiary		% of Distribution		Social Security/Tax ID No. (required)		
Relationship	Beneficiary's Birthdate (m	nm/dd/yyyy)	Name of C	Guardian/Trustee(s)	(if Beneficiary is a Minor/Trust)	
Beneficiary's Mailing Address	City			<u> </u> State	Zip Code	
Note: the share percentage must equal 100% for all Prim will be deemed to be a Primary Beneficiary. If a trust is d Designations - The custodian shall accept as complete an beneficiaries and the allocations thereto.	esignated as a Beneficiary, p	olease provide both t	he date of th	e trust and the name(s	) of the trustee(s). Per Stirpes	
In the event of my death, the balance in the ac specified shares, if indicated). If none of the IB Beneficiaries who survive me in equal shares (written notice to the Custodian. If I do not de become the beneficiary of my IRA. If I do not IRA.	Primary Beneficiaries su or in the specified shar signate a beneficiary, or	rvive me, the ba es, if indicated). if all designated	lance in th I may cha l beneficia	ne account shall be ange my beneficia ries predecease m	e paid to the Contingent ries at any time by giving e, my surviving spouse will	
Consent of the Depositor's Spouse may be red other than, or in addition to, the Depositor's Shave a property interest in the account and the specifically disclaim any warranty as to the eff the death of the Depositor's Spouse. For additional contents of the Depositor's Spouse.	Spouse. Disclaimer for Ce e right to dispose of the ectiveness of the Depos	Community and e interest by will. sitor's beneficiary	Marital P Therefore designati	roperty States: Th e, ESG Managers® ion or as to the ow	e Depositor's Spouse may Portfolios and the Custodian	
I consent to the Beneficiary Designation.						
		I				
Signature of Depositor's Spouse (if applicable)		Do	ate			
		I				
Witness		De	ate			