



# CGM FUNDS IRA BENEFICIARY DESIGNATION FORM

This IRA Beneficiary Designation Form is used to indicate the individual(s) or entity(ies) that will receive your IRA assets in the event of your death. Once received, this designation will revoke and replace all prior beneficiary designations for the account(s) listed in section one.

## 1. CGM IRA ACCOUNT INFORMATION

Please check one box:

- Please apply this beneficiary designation to all IRA accounts listed under the Social Security Number given below:
- Please apply this beneficiary designation to only the IRA account(s) listed below:

Your Name	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Daytime Telephone Number
Fund	Account Number	
Fund	Account Number	
Fund	Account Number	

## 2. DESIGNATION OF BENEFICIARY

The following individual(s) or entity(ies) shall be my beneficiary(ies).

**Please check Primary or Contingent for each additional beneficiary listed below.** If neither is checked, the individual or entity will be deemed an additional Primary Beneficiary. Please make sure that the share % total equals 100% per beneficiary type. If no percentages are given, assets will be split equally among each type of beneficiary.

**IMPORTANT NOTE:** To add additional beneficiaries, please attach a separate sheet of paper with all the necessary information.

<input checked="" type="checkbox"/> <b>PRIMARY</b> Share % _____	Check one and enter the number: <input type="checkbox"/> Social Security Number or <input type="checkbox"/> Tax ID
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	Date of Birth or Date of Trust
Address	City
	State
	Zip
<input type="checkbox"/> <b>PRIMARY</b> <input type="checkbox"/> <b>CONTINGENT</b> Share % _____	Check one and enter the number: <input type="checkbox"/> Social Security Number or <input type="checkbox"/> Tax ID
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	Date of Birth or Date of Trust
Address	City
	State
	Zip
<input type="checkbox"/> <b>PRIMARY</b> <input type="checkbox"/> <b>CONTINGENT</b> Share % _____	Check one and enter the number: <input type="checkbox"/> Social Security Number or <input type="checkbox"/> Tax ID
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or Other Entity	Date of Birth or Date of Trust
Address	City
	State
	Zip

*please turn over*



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## 3. PARTICIPANT'S SIGNATURE

By signing below, I understand that in the event of my death, the full value of my IRA account(s) listed in section 1 (in equal proportions in the case of multiple beneficiaries, unless I indicated otherwise in section 2) will be paid to the Primary Beneficiary(ies) as designated on this form. I understand that if a Primary Beneficiary predeceases me, the remaining portion will be divided proportionally to any surviving Primary Beneficiaries. If no Primary Beneficiary survives me, the full value of my IRA account(s) listed in section 1 (in equal proportions in the case of multiple beneficiaries, unless I indicated otherwise in section 2) will be paid to the Contingent Beneficiary(ies) as designated on this form. I understand that if a Contingent Beneficiary predeceases me, the remaining portion will be divided proportionally to any surviving Contingent Beneficiaries. If no designated beneficiary survives me, or if I do not designate a beneficiary, the full amount of my IRA account(s) will be paid to my estate.

I understand that I may change or revoke my beneficiary designation at any time by completing, signing and dating a new IRA Beneficiary Designation Form and returning it to the Custodian. The new designation will become effective upon receipt by the Custodian.

X

Participant's Signature

Date

## 4. CONSENT OF SPOUSE (if applicable)

**Required if Non-Spouse Beneficiary(ies) are named as Primary Beneficiary(ies) and you live in a community or marital property state.**

I am the spouse of the participant named in section 1. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I waive any rights I may have to receive benefits under the Plan when my spouse dies.

X

Participant's Spouse Signature

Date

### Questions? Call 800-598-0782

Return this form to: The CGM Funds, P.O. Box 8511, Boston, MA 02266-8511  
or by overnight mail to: The CGM Funds, 30 Dan Road, Canton, MA 02021-2809