SIMPLE IRA Change of Beneficiary Form

Please complete the form and mail it to:

AllianceBernstein
PO Box 219275
Kansas City, MO 64121-9275

For certified overnight deliveries, send to:

AllianceBernstein
430 W 7th St, Suite 219275
Kansas City, MO 64105-1407

For help filling out this form, please call (800) 326 5089, 8:30 a.m. to 6:00 p.m. (ET) Monday–Friday.

1. SIMPLE IRA Holder Information

Simple IRA Plan ID Number

Last Name	First Name	MI
Date of Birth (MM/DD/YYYY)	Social Security Number	Daytime Phone Number

Mailing Address

City	State	Zip Code

2. Beneficiary Designations

I hereby designate the following person(s) as beneficiary(ies) of my AllianceBernstein IRA. My contingent beneficiary(ies) designation shall be effective only if no primary beneficiary survives me. (A beneficiary can be an individual, an institution, a trust, or your estate.) If designating a trust as a beneficiary, please provide a copy of the title, trustee and signature pages of the trust.

Name of Primary Beneficiary	Social Security Number	Date of Birth (MM/DD/YYY)	Relationship	Percentage of Account
Name of Primary Beneficiary	Social Security Number	Date of Birth (MM/DD/YYY)	Relationship	Percentage of Account
Name of Primary Beneficiary	Social Security Number	Date of Birth (MM/DD/YYY)	Relationship	Percentage of Account
Name of Contingent Beneficiary	Social Security Number	Date of Birth (MM/DD/YYY)	Relationship	Percentage of Account
Name of Contingent Beneficiary	Social Security Number	Date of Birth (MM/DD/YYY)	Relationship	Percentage of Account

3. Signature

Signature of SIMPLE IRA Holder | Date

Each primary beneficiary listed above will receive an equal allocated percentage totaling 100% unless you indicate otherwise. By signing this form, all prior beneficiary designations will be revoked, and any benefits due by reason of my death will be payable to the beneficiary(ies) named on this form.