

# AllianceBernstein IRA Change of Beneficiary Form

## Please complete the form and mail it to:

AllianceBernstein  
P.O. Box 786003  
San Antonio, TX 78278-6003

## For certified overnight deliveries, send to:

AllianceBernstein  
8000 IH 10 W, 13th Floor  
San Antonio, TX 78230

For help filling out these applications, call Customer Service at (800) 221 5672, 8:30 a.m. to 6:30 p.m. (ET), Monday–Friday.

## 1. IRA Holder Information

IRA Account 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.)

| Name of Primary Beneficiary   | Social Security Number | Date of Birth (MM/DD/YYYY) | Relationship | Percentage of Account |
|---|------------------------|----------------------------|--------------|-----------------------|
| Indicate the beneficiary's resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |                        |                            |              |                       |

| Name of Primary Beneficiary   | Social Security Number | Date of Birth (MM/DD/YYYY) | Relationship | Percentage of Account |
|---|------------------------|----------------------------|--------------|-----------------------|
| Indicate the beneficiary's resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |                        |                            |              |                       |

| Name of Primary Beneficiary   | Social Security Number | Date of Birth (MM/DD/YYYY) | Relationship | Percentage of Account |
|---|------------------------|----------------------------|--------------|-----------------------|
| Indicate the beneficiary's resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |                        |                            |              |                       |

| Name of Contingent Beneficiary  | Social Security Number | Date of Birth (MM/DD/YYYY) | Relationship | Percentage of Account |
|---|------------------------|----------------------------|--------------|-----------------------|
| Indicate the beneficiary's resident status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien |                        |                            |              |                       |

## 3. Signature

Signature of 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 the death of the IRA Holder will be payable to the beneficiary(ies) named on this form.

