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Roth IRA Beneficiary Designation Form

Do not use this form for a Traditional IRA.

1 Purpose of Form
You should periodically review and update your beneficiary designation.

This form enables you to designate beneficiaries to receive your Roth IRA. After your death, your beneficiaries must elect their distribution options on the American Funds Beneficiary Claim Form, which may be obtained by calling 1-800-421-0180, ext. 3.

Neither the trustee nor any affiliate of the trustee shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with the Beneficiary Designation Form.

2 Information about Roth IRA Owner
Please type or Print carefully

First Name _____ MI ____ Last _____
Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____
month / day / year

Marital Status:
 I am married (See section 7.)
 I am not married.

3 Account Information

This beneficiary designation applies to the following:
 New Roth IRA (Roth IRA application attached)
OR
 Existing American Funds Roth IRA(s) (list account numbers)

4 Primary Beneficiary(ies)

Except as otherwise provided here, each primary beneficiary will receive an equal share. If a primary beneficiary does not survive me, such primary beneficiary's share will be distributed pro rata to the surviving primary beneficiary(ies). Please note that if you are married and anyone other than your spouse is named as a primary or co-primary beneficiary, your spouse must sign the Spousal Consent (Section 7) on the reverse side.

I revoke all previous designations and I direct that all of the above accounts be distributed upon my death, as follows:

1. Full legal name _____
Relationship _____ Date of birth _____ %
 2. Full legal name _____
Relationship _____ Date of birth _____ %
 3. Full legal name _____
Relationship _____ Date of birth _____ %
- 100** %

All stated percentages must add up to 100%; if not, distributions shall be made proportionally based upon the percentages stated.

If you need more space, please attach a separate sheet listing your account number (if an existing account) and your primary and contingent beneficiaries. Include your signature and the date you executed the designation.

Please continue on reverse side.

5 Contingent If no primary beneficiary survives me, then all of the above accounts will be distributed to

Beneficiary(ies)

the contingent beneficiary(ies) pursuant to the same rules established for primary beneficiaries in section 4. If no primary beneficiary or contingent beneficiary survives me, then all fund accounts shall be distributed to my estate.

- 1. Full legal name _____
Relationship _____ Date of birth _____ %
- 2. Full legal name _____
Relationship _____ Date of birth _____ %
- 3. Full legal name _____
Relationship _____ Date of birth _____ %

100 %

All stated percentages must add up to 100%; if not, distributions shall be made proportionally based upon the percentages stated.

If you need more space, please attach a separate sheet listing your account number (if an existing account) and your primary and contingent beneficiaries. Include your signature and the date you executed the designation.

6 Signature of Roth IRA Owner

By my signature below, I acknowledge that I have completed this Beneficiary Designation Form.



Signature of participant _____ Date ___/___/___

7 Spousal Consent
Spouse please complete if the primary beneficiary named above is not you.

I am the spouse of the person making the above beneficiary designation and I expressly consent to the above designation of my spouse's IRA.

Spouse's name *(please print)* _____

Spouse's signature _____ Date ___/___/___

Important: *Beneficiary designations may be subject to state law, and you may need to comply with other legal requirements in addition to obtaining your spouse's consent in order to designate a beneficiary other than your spouse. Please check with your tax or estate planning adviser for more information.*