



Harbor IRA Beneficiary Designation

Questions?

Call 800-422-1050

To obtain additional forms or to complete this form online, visit us at www.harborfunds.com.

Use this form to designate one or more beneficiaries who will inherit your IRA assets upon your death. In accordance with your designation(s), your assets will pass directly to your chosen beneficiary(ies). Please print in CAPITAL LETTERS and in black ink.

*When you submit this form, it will completely replace any prior designations for the IRA you specify in **Step 2**. Therefore it is important that you list all the primary and contingent beneficiaries you want to designate, even if you are only updating information for one beneficiary.*

Step 1 Account Owner Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>		
Street Address or P.O. Box Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Daytime Telephone Number	Evening Telephone Number	

Step 2

Beneficiary Information

Primary Beneficiary(ies) (choose only one):

- I do not want to designate primary beneficiaries at this time** - *If this box is checked, your beneficiary will be your estate.*
- To my descendants who survive me, per stirpes** - *Your assets will be divided equally among your children, if a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).*
- Equally to my grandchildren who survive me**
- Specific beneficiary designation below:**

Share percentage for multiple beneficiaries will be considered equal unless otherwise indicated. >

A.
Name

%
Share Percentage Social Security Number/Tax ID Number Date of Birth (mm/dd/yyyy)

Street Address

City State Zip Code

B.
Name

%
Share Percentage Social Security Number/Tax ID Number Date of Birth (mm/dd/yyyy)

Street Address

City State Zip Code

- I have included the necessary information for **additional Primary Beneficiaries** on a separate sheet, in the same format.

Step

2

Beneficiary Information

Continued

Contingent Beneficiary(ies) (choose only one):

Contingent beneficiaries will receive the balance of an IRA only if there are no surviving primary beneficiaries at the time of death.

- I do not** want to designate contingent beneficiaries at this time - *If this box is checked, and all of your primary beneficiaries predecease you or a trust you named as beneficiary no longer exists, your beneficiary will be your estate.*
- To my descendants who survive me, per stirpes** - *Your assets will be divided equally among your children, if a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).*
- Equally to my grandchildren who survive me**
- Specific beneficiary designation below:**

Share percentage for multiple beneficiaries will be considered equal unless otherwise indicated. >

A.

Name

<input type="text"/>	%	<input type="text"/>	<input type="text"/>
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Share Percentage

Social Security Number/Tax ID Number

Date of Birth (mm/dd/yyyy)

Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

B.

Name

<input type="text"/>	%	<input type="text"/>	<input type="text"/>
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Share Percentage

Social Security Number/Tax ID Number

Date of Birth (mm/dd/yyyy)

Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

- I have included the necessary information for **additional Contingent Beneficiaries** on a separate sheet, in the same format.

Step 3 Signature

Sign Below:

I authorize Harbor to make the changes indicated. This beneficiary designation supersedes any and all prior beneficiary designations by the IRA Owner. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Custodian liable for any adverse consequences that may result.

I agree to be bound by the terms and conditions established by Harbor Funds for an IRA beneficiary designation. I acknowledge that Harbor Funds may require additional information upon my death to determine the identity or interest of my beneficiary(ies). In such event, I acknowledge that Harbor Funds shall rely upon the representations of an authorized party such as the executor or administrator of my estate, or if a trust beneficiary, the trustee of that trust (my fiduciary) and has no independent duty to obtain or verify such information. I agree that Harbor Funds shall have no liability for, and shall be fully indemnified against, any cost or damage it incurs in connection with its good faith reliance on such representations. If no such fiduciary is appointed or my fiduciary is unable to provide the required information, Harbor Funds reserves the right to request whatever documentation it deems appropriate before making distributions or transferring ownership to a beneficiary.

Owner(s)/Authorized Person(s) Sign Below:

Mail completed form to:

Standard Mail

Harbor Funds
P.O. Box 804660
Chicago, IL 60680-4108

Overnight Delivery

Harbor Funds
111 South Wacker Drive, 34th Floor
Chicago, IL 60606-4302



Signature of IRA Owner

Date (mm/dd/yyyy)



Spouse's Signature - *Required for community and martial property states only.*

Date (mm/dd/yyyy)