

# CHANGE OF BENEFICIARIES



**SMI FUNDS**  
— SMI ADVISORY SERVICES —

It's easy to change your beneficiaries for your 403(b), Traditional IRA, Roth IRA, SEP IRA, or SIMPLE IRA. Simply fill out this application, completing all relevant sections, sign in ink and return to:

**Regular Mail**  
SMI Funds  
PO Box 46707  
Cincinnati, OH 45246

**Overnight Express Mail**  
SMI Funds  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246

**STEP 1 Personal Information**

Please print in ink.

**A Investor Information**

Owner's Name

First

M.I.

Last

Date of Birth (Mo/Dy/Yr)

 /  / 

Social Security Number

 -  - 

Email

You must indicate a residential street address.

► Residential Street Address of Owner

Street Number Street Name

City

State

Zip Code

Apartment, Suite, Floor

Daytime Phone

Ext.

Evening Phone

**B Current Account Information**

Account Number

Account Type

403(b)  IRA  HSA

**STEP 2 Beneficiary Information**

**Primary Beneficiary**

%

Name

Relationship

City

State

Zip Code

Social Security Number

 -  - 

Date of Birth

 /  / 

QUESTIONS?

For more information

1-877-SMI-FUND

**STEP 2** **Beneficiary Information (Continued)** *(If you need more space, please enclose a separate sheet of paper)*

**Additional Primary Beneficiary (if applicable)**

%  Name

Relationship

City  State  Zip Code

Social Security Number  Date of Birth

**Secondary Beneficiary (if applicable)**

%  Name

Relationship

City  State  Zip Code

Social Security Number  Date of Birth

**Additional Secondary Beneficiary (if applicable)**

%  Name

Relationship

City  State  Zip Code

Social Security Number  Date of Birth

**Spousal Consent:**

If you name someone other than or in addition to your spouse as primary beneficiary, your spouse must consent by signing below.

▶   Signature of Spouse  Today's Date (MM/DD/YYYY)

Witness Signature  Today's Date (MM/DD/YYYY)

**STEP 3** **Signatures**

By signing this Change of Beneficiary Form, I certify that the information I have provided is true, correct, and complete, and the Trustee/Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a non-spouse beneficiary, if I am married. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Signature of Owner  Today's Date (MM/DD/YYYY)

\_\_\_\_\_  
Print Name of Owner

**QUESTIONS?** | *For more information*

**1-877-SMI-FUND**