

## PARTICIPANT BENEFICIARY DESIGNATION FORM

Site ID: \_\_\_\_\_

### Participant Information

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Financial institution holding IDA Account: \_\_\_\_\_

### Beneficiary Information

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

#### Co-beneficiary(ies):

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

### Applicant Certification

In the event of my death, I designate the person listed above as my beneficiary to receive all the assets in my IDA account and I authorize the IDA Program Site and the financial Institution holding my IDA account to initiate and complete a transfer of my IDA assets to the control of my beneficiary.

This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to the IDA Program Site of a change in my beneficiary designation.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_