

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: ____ / ____ / ____