

**UMB BANK, N.A. UNIVERSAL INDIVIDUAL RETIREMENT ACCOUNT  
DESIGNATION OF BENEFICIARY**

Print Name of Depositor or Participant \_\_\_\_\_

Social Security No: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Account No: \_\_\_\_\_

Note: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary(ies) named below at any time by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent Designation does not dispose of your entire account balance. All forms must be acceptable to the Custodian and dated and signed by the Depositor.

As Depositor or Participant, I hereby make the following designation of beneficiary in accordance with the UMB Bank, N.A. Traditional Individual Retirement Custodial Account, Roth Individual Retirement Custodial Account or SIMPLE Individual Retirement Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

**Primary Beneficiary or Beneficiaries:**

Name	Relationship	Date of Birth	Social Security Number	Proportion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

**Alternate Beneficiary or Beneficiaries:**

Name	Relationship	Date of Birth	Social Security Number	Proportion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date

**IMPORTANT:** This Designation of Beneficiary may have important tax or estate planning effects. If you cannot accomplish your estate planning objectives by using this form to designate your Beneficiary(ies) (for example, if you wish to provide that the surviving children of a Beneficiary who predeceases you should take that Beneficiary's share by right of representation), you may submit another form of written Beneficiary Designation to the Custodian. Also, if you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as Primary Beneficiary for at least half of your Account. See your lawyer or other tax professional for additional information and advice.

**SPOUSAL  
CONSENT**

(This section should be reviewed if the accountholder is married and designates a beneficiary other than the spouse. It is the accountholder's responsibility to determine if this section applies. The accountholder may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the accountholder to provide proper spousal consent.)

I am the spouse of the above-named accountholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I acknowledge that it would be in my best interests to consult a tax professional or legal adviser and I have consulted with such an adviser to the extent I deemed necessary or advisable.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS FOR SPOUSE

\_\_\_\_\_  
DATE