

# IRA Beneficiary Designation Form

**Return by mail:**  
Aberdeen Investment Funds  
P.O. Box 219534  
Kansas City, MO 64121-9534

**Overnight:**  
Aberdeen Investment Funds  
430 W. 7th Street Suite 219534  
Kansas City, MO 64105-1407

**For more information:**  
Aberdeen Asset Management  
1-866-667-9231  
aberndeen-asset.com

*If more space is needed,  
please submit two forms  
or attach a second page.*

Fund and Account Number

## Section 1 - Account registration

Individual (FirstName/Initial/LastName)

/ / - -

Date of Birth (m/d/yyyy)

Social Security Number

Legal Residence (No P.O. Boxes)

City State ZIP

## Section 2 - (Please check Primary or Contingent for each)

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

**Please note:** Beneficiary % of shares should add to 100%. This box represents the total of shares thus far:

Signature

/ /  
Date of Birth (m/d/yyyy)