

H.M. PAYSON & Co.
INDIVIDUAL RETIREMENT ACCOUNT
BENEFICIARY DESIGNATION

Name of IRA Grantor (creator): _____

Social Security Number of Grantor: _____

I hereby designate the person/persons or entities listed below as primary beneficiaries to receive any benefits payable from my Individual Retirement Account (IRA) upon my death. In the event that my primary beneficiaries predecease me, waive their rights to receive benefits, or cannot be located by the Trustee, I designate the following contingent beneficiaries to receive any IRA benefits upon my death:

Primary Beneficiary: (If multiple beneficiaries are listed, to be divided into separate equal shares, unless otherwise indicated.)

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #

Contingent Beneficiary: (If multiple beneficiaries are listed, to be divided into separate equal shares, unless otherwise indicated.)

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #

I understand that the beneficiaries named herein may be changed or revoked at any time by filing a new beneficiary designation form with the Trustee.

Dated: _____
Signature of Grantor