

# PFPC TRUST COMPANY IRA BENEFICIARY DESIGNATION CHANGE FORM

**New Alternatives Fund**  
**P.O. Box 9794**  
**Providence, RI 02940**

Complete this form to change your designated Primary or Contingent Beneficiary(ies). The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s). In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). You may change your beneficiaries at any time by giving written notice to the Custodian. If you do not designate a beneficiary, or the beneficiary(ies) you designate predecease you, your surviving spouse will become the beneficiary of your IRA, if no surviving spouse or unmarried, your estate will become the beneficiary of your IRA.

Participant's Name - First			Middle	Last			
Full Fund Name				Account Number			
Social Security Number		Date of Birth		<input type="checkbox"/> IRA	<input type="checkbox"/> ROTH IRA	<input type="checkbox"/> SEP-IRA	<input type="checkbox"/> SIMPLE IRA
							(Type of Account - Check One)

**Participant's Designation:** I hereby revoke any previous beneficiary designation. In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA.

**Primary Beneficiary(ies):**  Please check here if you have attached a separate sheet with additional Primary Beneficiaries. Sign and date the sheet.

Name				Name			
% of Distribution				% of Distribution			
Street							
City		State	Zip Code	City		State	Zip Code
Date of Birth		Relationship		Birth Date		Relationship	
( )		( )		( )		( )	
Social Security Number		Telephone		Social Security Number		Telephone	

**Contingent Beneficiary(ies):**  Please check here if you have attached a separate sheet with additional Contingent Beneficiaries. Sign and date the sheet.

Name				Name			
% of Distribution				% of Distribution			
Street							
City		State	Zip Code	City		State	Zip Code
Date of Birth		Relationship		Birth Date		Relationship	
( )		( )		( )		( )	
Social Security Number		Telephone		Social Security Number		Telephone	

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent of Owner's Spouse:** Spousal consent is required in community property and marital property states where an IRA Participant wishes to name a beneficiary other than, or in addition to, the spouse. Spouses of Participants who reside in community property or marital property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign the consent below.

I hereby consent to and join in the designation of beneficiary above. I give to the Participant any interest I have in the funds deposited in this account.

Signature of Participant's Spouse (if applicable)

Date