

INDIVIDUAL RETIREMENT ACCOUNT BENEFICIARY DESIGNATION
BB&T Funds P.O. Box 9762 Providence RI 02940-9762
1-800-228-1872
PFPC Trust Company Custodian

Complete this form to change your designated Primary or Contingent Beneficiary(ies). A beneficiary must survive you to receive anything. If your Primary Beneficiary(ies) do not survive you, your Contingent Beneficiary(ies) will receive the funds. If more than one person is named and no percentage is indicated, a joint tenancy with the right of survivorship will be deemed to have been created. If the beneficiary is a trust, please indicate the date of the trust and the trustee(s) name.

Shareholder'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)

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

Owner's Signature _____ **Date** _____

Note, 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. 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). If the beneficiary is a trust, please indicate the date of the trust and the trustee(s) name. 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.

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ **Date:** _____
 (If applicable)

Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than, or in addition to, the Participant's Spouse. Disclaimer for Community and Marital Property States (AZ, CA, ID, LA, NV, NM, TX, WA, and WI): The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Fund, and the IRA Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.