

# OSTERWEIS

FUNDS

**Mail to:**

Osterweis Funds  
c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight Express Mail to:**

Osterweis Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207  
(866) 236-0050

## IRA Beneficiary Addition/Change Form

For Traditional, ROTH, SEP, and SIMPLE IRAs

**IMPORTANT NOTICE:** This designation will not be in force unless it is signed and received by the custodian at one of the addresses above before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling (866) 236-0050.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

### 1. Investor Information

\_\_\_\_\_  
First Name M.I. Last Name Account Number

\_\_\_\_\_  
Social Security Number Email Address

Check this box if this change is for all registered accounts under your Social Security Number.

### 2. Beneficiary Information

*If you need more space, please enclose a separate piece of paper.*

I hereby revoke all prior beneficiary designations and designate the following as my beneficiary(ies).

#### Primary Beneficiary(ies)

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Street Address City/State/Zip

\_\_\_\_\_  
Social Security Number Percent Relationship

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Street Address City/State/Zip

\_\_\_\_\_  
Social Security Number Percent Relationship

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Street Address City/State/Zip

\_\_\_\_\_  
Social Security Number Percent Relationship

\_\_\_\_\_  
Email Address Phone Number

## Secondary Beneficiary(ies)

_____ Name	_____ Date of Birth
_____ Street Address	_____ City/State/Zip
_____ Social Security Number	_____ Percent
_____ Relationship	_____ Relationship
_____ Email Address	_____ Phone Number
_____ Name	_____ Date of Birth
_____ Street Address	_____ City/State/Zip
_____ Social Security Number	_____ Percent
_____ Relationship	_____ Relationship
_____ Email Address	_____ Phone Number
_____ Name	_____ Date of Birth
_____ Street Address	_____ City/State/Zip
_____ Social Security Number	_____ Percent
_____ Relationship	_____ Relationship
_____ Email Address	_____ Phone Number

**Spousal Consent:** If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

**X** \_\_\_\_\_  
Signature of Spouse Date

## 3. Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Osterweis Funds' Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

**X** \_\_\_\_\_  
Signature of Owner (or Guardian if IRA Owner Is a Minor) Date (MM/DD/YYYY)