



# Designation of Beneficiary Form for IRA

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For additional information, please contact us at (800) 341-8900 or visit [www.permanentportfoliofunds.com](http://www.permanentportfoliofunds.com).

**Mail To:** Permanent Portfolio Family of Funds  
c/o U.S. Bancorp Fund Services, LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight Express Mail To:** Permanent Portfolio Family of Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan Street, FL3  
Milwaukee, WI 53202-5207

## 1. Account Registration

Account Number(s): \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 2. Designation Of Beneficiaries

*I hereby revoke all my prior Designations of Beneficiary and designate the following individual(s) to receive my interest in the Permanent Portfolio Family of Funds Individual Retirement Account in the event of my death:*

### Primary Beneficiary(ies):

_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE

### Secondary

_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE

**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.

\_\_\_\_\_  
SIGNATURE OF SPOUSE \_\_\_\_\_ DATE (MM/DD/YYYY)

## 3. Signature

*I retain the right to revoke this Designation and to designate a new beneficiary or beneficiaries at any time by communicating to U.S. Bancorp Fund Services, LLC in writing.*

\_\_\_\_\_  
SIGNATURE OF IRA ACCOUNT OWNER \_\_\_\_\_ DATE (MM/DD/YYYY)