

JOHNSON MUTUAL FUNDS TRUST  
 3777 WEST FORK ROAD  
 CINCINNATI, OHIO 45247  
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**JOHNSON**  
 MUTUAL FUNDS

For Internal Use
A/C#

## IRA DESIGNATION OF BENEFICIARY

**Instructions:**

Please use this form to designate Primary Beneficiaries and Contingent Beneficiaries for an IRA with Johnson Mutual Funds Trust. Should you wish to name more beneficiaries than this form has provided, please attach additional sheets. Please make sure the proportions add up to 100%. If one or more of your primary beneficiaries is not living at the time of your death, benefits will be divided among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased, benefits will be paid to the contingent beneficiaries with the assigned proportions.

**1. Shareholder Information**

Name	Account Number	
Address		
City	State	Zip Code
Social Security Number		

**2. Beneficiary(ies)**

*The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). I revoke all prior IRA Beneficiary designations, if any, made by me for these assets. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.*

If you designate multiple beneficiaries, please check on of the following distribution methods for directing the assigned share of assets for a beneficiary who predeceases you:

- the deceased beneficiary's share shall be divided among his or her descendants, per stirpes (equally), or
- the deceased beneficiary's share shall terminate completely, and be allocated proportionately among the other beneficiaries.

Name (First, MI, Last)	Social Security Number	Share %	Date of Birth/Trust	Relationship			
				Primary	Contingent	Spouse/Son/Daughter	Trust/Other
1.							
2.							
3.							
4.							
5.							
6.							

**Total Must Equal 100% → 100%**

**3. Signatures:**

I hereby revoke every previous designation of beneficiaries for my IRA. I understand that I may change my beneficiary(ies) at any time, and that the change is effective when received in writing and accepted by my employer and forwarded to Johnson Mutual Funds Trust.

\_\_\_\_\_  
 IRA Owner's Signature

\_\_\_\_\_  
 Date

**Complete if required by state law.**

**Spousal Consent:** I am the spouse of the IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transfer any community property interest I have in this IRA into the separate property of my spouse.

\_\_\_\_\_  
 Spouse's Signature

\_\_\_\_\_  
 Date