



Northeast Investors Trust
125 High Street, Suite 1802, Boston, MA 02110
Phone 800-225-6704 Fax 617-742-5666

IRA BENEFICIARY DESIGNATION FORM

Use this form to name Primary and Contingent Beneficiaries for your Northeast Investors Trust Individual Retirement Account (IRA). Please do not use this form for non-IRA accounts.

<u>CURRENT REGISTRATION:</u>	
_____	_____
Name(s)	Account Number
_____	_____
Address	Social Security Number
_____	_____
City, State & Zip Code	Email Address

<u>TYPE OF IRA:</u> (check one)			
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA

Please provide complete information for all Primary and Contingent Beneficiaries below. The total Primary Beneficiary percentage allocation and the total Contingent Beneficiary percentage allocation must EACH equal 100%. This designation supersedes any prior beneficiary designations on your account. Please attach a separate sheet if listing additional beneficiaries. If no percentage is provided, the benefits will be divided equally among your Primary beneficiaries, or (if applicable) among your Contingent Beneficiaries. In the absence of a proper designation of beneficiary, or if none of your designated beneficiaries survives you at the time of your death, your account will be distributed to your estate.

PRIMARY BENEFICIARIES (all field are required for each beneficiary)

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	_____
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	_____
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	_____
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

PRIMARY BENEFICIARIES (cont.)

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

Above totals must equal 100%

Contingent beneficiaries receive assets only if no Primary beneficiary survives you.

CONTINGENT BENEFICIARIES (all fields are required for each beneficiary)

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	
_____	_____	
City, State & Zip Code	Relationship	

Above totals must equal 100%

AUTHORIZATION:

By signing this form, I hereby revoke any and all prior designations of beneficiaries and understand that I may revoke or change this beneficiary designation at any time by submitting a new form. I acknowledge that I have read and agree to the terms of the Northeast Investors Trust IRA Investors Kit and the State Street Bank & Trust Company IRA Custodial Agreement as applicable.

Signature

Date