



**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. Contingent beneficiaries receive assets only if no Primary beneficiary survives you. If you check "Per Stirpes," any portion otherwise payable to a beneficiary shall instead be paid to that beneficiary's surviving descendants by right of representation if the original beneficiary does not survive the account owner.

PRIMARY BENEFICIARIES (all field are required for each beneficiary)

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	<input type="checkbox"/>
_____	_____	Check if
City, State & Zip Code	Relationship	Per Stirpes
_____	_____	_____

_____	_____	_____
Name	Date of Birth/Trust	Percentage %
_____	_____	
Address	Social Security Number	<input type="checkbox"/>
_____	_____	Check if
City, State & Zip Code	Relationship	Per Stirpes
_____	_____	_____

PRIMARY BENEFICIARIES (cont.)

_____ Name	_____ Date of Birth/Trust	_____ Percentage %
_____ Address	_____ Social Security Number	<input type="checkbox"/> Check if
_____ City, State & Zip Code	_____ Relationship	Per Stirpes

_____ Name	_____ Date of Birth/Trust	_____ Percentage %
_____ Address	_____ Social Security Number	<input type="checkbox"/> Check if
_____ City, State & Zip Code	_____ Relationship	Per Stirpes

Above totals must equal 100%

CONTINGENT BENEFICIARIES (all fields are required for each beneficiary)

_____ Name	_____ Date of Birth/Trust	_____ Percentage %
_____ Address	_____ Social Security Number	<input type="checkbox"/> Check if
_____ City, State & Zip Code	_____ Relationship	Per Stirpes

_____ Name	_____ Date of Birth/Trust	_____ Percentage %
_____ Address	_____ Social Security Number	<input type="checkbox"/> Check if
_____ City, State & Zip Code	_____ Relationship	Per Stirpes

_____ Name	_____ Date of Birth/Trust	_____ Percentage %
_____ Address	_____ Social Security Number	<input type="checkbox"/> Check if
_____ City, State & Zip Code	_____ Relationship	Per Stirpes

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