

Please mail your completed form to:  
Parnassus Investments  
1 Market Street, Suite 1600  
San Francisco, CA 94105

### Individual Retirement Account Beneficiary Form

Please complete all sections and mail your completed IRA Beneficiary Form. If you have any questions about this form, please call us at (800) 999-3505.

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#### Shareholder Information Please Print

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Account Number \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Residential Address \_\_\_\_\_  
(May not be a P.O. Box) Street City State Zip

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#### Beneficiary Designation

##### Primary Beneficiary (ies)

1

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ % of Account \_\_\_\_\_ Relationship \_\_\_\_\_

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

2

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ % of Account \_\_\_\_\_ Relationship \_\_\_\_\_

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

##### Secondary Beneficiary (ies)

1

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ % of Account \_\_\_\_\_ Relationship \_\_\_\_\_

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

2

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ % of Account \_\_\_\_\_ Relationship \_\_\_\_\_

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

If you are married and reside in a community property or marital property state, you may need to obtain your spouse's consent if you have not designated your spouse as the primary beneficiary for at least half of your account. If you do not designate a beneficiary, upon your death, the proceeds of this account will be paid to your estate. See your lawyer or other tax professional for additional information and advice.

(This section should be reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.)

I am the spouse of the above-named Depositor. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal adviser.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

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**Spouse's Signature**

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**Date**

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**Shareholder's Signature**

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**Date**