

INDIVIDUAL RETIREMENT ACCOUNT CHANGE OF BENEFICIARY



For assistance with this form, please call
1-800-635-2886 or 1-800-742-7272.

Return your completed application to:
William Blair Funds, P.O. Box 219137
Kansas City, MO 64121-9137

Our overnight mail address is:
William Blair Funds, 430 W. 7th Street, Suite 219137
Kansas City, MO 64105-1407

ACCOUNT OWNER INFORMATION

Owner's Name _____

Social Security Number _____

Street Address and Apartment or P.O. Box Number _____

Daytime Telephone Number _____

Account Number _____

PRIMARY BENEFICIARY(IES)

First Name	MI	Last Name	Social Security or Tax I.D. Number	Share%	Date of Birth or Date of Trust	Relationship			
						Spouse	Non-Spouse Individual	Trust	Entity
1. _____						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. _____						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
									<i>Total: 100%</i>

CONTINGENT BENEFICIARY(IES)

First Name	MI	Last Name	Social Security or Tax I.D. Number	Share%	Date of Birth or Date of Trust	Relationship			
						Spouse	Non-Spouse Individual	Trust	Entity
1. _____						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. _____						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
									<i>Total: 100%</i>

FOR ACCOUNT OWNERS OVER AGE 70½

Important: If you are over age 70½, changing your primary beneficiary may increase your required minimum distribution. Changing your contingent beneficiary will generally not affect your required minimum distribution.

SIGNATURES

I hereby designate the above as my beneficiary(ies). Unless otherwise requested herein, each payment made pursuant to this designation (a) shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made in equal shares to the contingent beneficiary(ies) who are then living. I have the right to change this designation at any time.

Account Owner's Signature _____ Date (Month, Day, Year) _____

Accepted by: Authorized Signature of Trustee/Custodian _____ Date (Month, Day, Year) _____

Spousal Consent: (for use in community or marital property states) Signature of Spouse _____

I agree to my spouse's naming a primary beneficiary other than myself.