

Individual Retirement Account Change of Beneficiary

William Blair

Account Number

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

1. ACCOUNT OWNER INFORMATION

Owner's Name

Social Security Number

Street Address and Apartment or P.O. Box Number

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

2. PRIMARY BENEFICIARY(IES)

Amounts must total 100%

Relationship: Spouse Non-Spouse Individual Trust Entity

First Name

MI

Last Name

SSN or Tax I.D. #

Share%

Date of Birth or Date of Trust

Relationship: Spouse Non-Spouse Individual Trust Entity

First Name

MI

Last Name

SSN or Tax I.D. #

Share%

Date of Birth or Date of Trust

Relationship: Spouse Non-Spouse Individual Trust Entity

First Name

MI

Last Name

SSN or Tax I.D. #

Share%

Date of Birth or Date of Trust

3. CONTINGENT BENEFICIARY(IES)

Amounts must total 100%

Relationship: Spouse Non-Spouse Individual Trust Entity

 First Name MI Last Name SSN or Tax I.D. # Share% Date of Birth or Date of Trust

Relationship: Spouse Non-Spouse Individual Trust Entity

 First Name MI Last Name SSN or Tax I.D. # Share% Date of Birth or Date of Trust

Relationship: Spouse Non-Spouse Individual Trust Entity

 First Name MI Last Name SSN or Tax I.D. # Share% Date of Birth or Date of Trust

4. 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.

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

 Signature of Spouse