

IRA CHANGE OF BENEFICIARY FORM

Please complete this form to change the beneficiary designation for your Segall Bryant & Hamill Funds IRA.

1

ACCOUNT INFORMATION

Please provide us with your current Segall Bryant & Hamill Funds IRA information.

Segall Bryant & Hamill Funds Account Number

Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Account Mailing Address

City

State

Zip Code

Email Address (optional)

Telephone Number

2

PRIMARY BENEFICIARY

I hereby make the following designation of beneficiary in accordance with the provisions in the Custodial Agreement for Regular IRAs and Roth IRAs (as applicable).

Please attach a letter of instruction if you would like to name more than two primary or contingent beneficiaries.

Primary Beneficiary(ies): *(If the sum of all primary beneficiary distribution percentages does not total 100%, Segall Bryant & Hamill Funds will assume equal distribution.)*

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Contingent Beneficiary(ies): *(If the sum of all contingent beneficiary distribution percentages does not total 100%, Segall Bryant & Hamill Funds will assume equal distribution.)*

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

3

TRUST INFORMATION

Please use the following designation if you would like any portion of the benefits due in the event of your death paid to a trust.

Name of Trust	Tax Identification Number of Trust	% of Account	
Trustee's Name (First, Middle Initial, Last)	Trustee's Social Security Number or Tax Identification Number	Trustee's Date of Birth	
Trustee's Address	City	State	Zip

4

SIGNATURE

I hereby revoke any previous beneficiary designation made by me under the Segall Bryant & Hamill Funds IRA account(s) listed above. I reserve the right to revoke or amend this beneficiary designation at any time by written notice to Segall Bryant & Hamill Funds, P.O. Box 44323, Denver, CO 80201-4323. I understand that the change is effective when received in writing by the Custodian.

Signature	Date
-----------	------

Mail to: Segall Bryant & Hamill Funds
 P.O. Box 44323
 Denver, Colorado 80201-4323
 Questions: (800) 392-2673



THANK YOU FOR YOUR INVESTMENT IN SEGALL BRYANT & HAMILL FUNDS.

Segall Bryant & Hamill Funds | 1290 Broadway, Suite 1100 | Denver, Colorado 80203
 (800) 392-2673 | www.sbhffunds.com