



Matthews Asia™

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Individual Retirement Account Beneficiary Designation

2 Primary Beneficiary(ies)

Important Note: The share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If more than one person is named and no percentage is indicated, a joint tenancy with the right of survivorship will be deemed to have been created. If neither the Primary nor the Contingent Beneficiary box is checked, the Beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of your death, the balance in the account shall be paid to the Primary Beneficiaries who survive you in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive you, the balance in the account shall be paid to the Contingent Beneficiaries who survive you in equal shares (or in the specified shares, if indicated). If the Beneficiary is a trust, please indicate the date of the trust and the trustee(s) name. You may change your Beneficiaries at any time by giving written notice to the Custodian. If you do not designate a Beneficiary, or the Beneficiary(ies) you designate predecease you, your surviving spouse will become the Beneficiary of your IRA. If you have no surviving spouse or are unmarried, your estate will become the Beneficiary of your IRA.

Name _____ % of Distribution _____

Street _____

City _____

State _____ Zip Code _____

Date of Birth _____ Relationship _____

Social Security Number _____

Name _____ % of Distribution _____

Street _____

City _____

State _____ Zip Code _____

Date of Birth _____ Relationship _____

Social Security Number _____

Please check here if you have attached a separate sheet with additional Primary Beneficiaries. Sign and date the sheet.

1 Shareholder's Information

Name (First, Middle, Last) _____

Mailing Address _____

Email Address _____

Phone Number _____

Full Fund Name _____

Account Number _____

Social Security Number _____

Date of Birth _____

Type of Account (Check One):

- IRA ROTH IRA
- SEP-IRA Simple IRA

Depositor's Designation: I hereby revoke any previous beneficiary designation. In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA.

Complete this form to change your designated Primary or Contingent Beneficiary(ies). A beneficiary must survive you to receive anything. If your Primary Beneficiary(ies) do not survive you, your Contingent Beneficiary(ies) will receive the funds.

Once you have completed this form please mail it to:
Matthews Asia Funds
P.O. Box 9791
Providence, RI 02940

For assistance in completing this form, please call one of our shareholder services representatives at: 800.789.ASIA (2742).

Individual Retirement Account Beneficiary Designation Form

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IRA BEN 0410

3 Contingent Beneficiary(ies)

Name _____ % of Distribution _____

Street _____ City _____

State _____ Zip Code _____

Date of Birth _____ Relationship _____

Social Security Number _____

Name _____ % of Distribution _____

Street _____ City _____

State _____ Zip Code _____

Date of Birth _____ Relationship _____

Social Security Number _____

Name _____ % of Distribution _____

Street _____ City _____

State _____ Zip Code _____

Date of Birth _____ Relationship _____

Social Security Number _____

Name _____ % of Distribution _____

Street _____ City _____

State _____ Zip Code _____

Date of Birth _____ Relationship _____

Social Security Number _____

Please check here if you have attached a separate sheet with additional Contingent Beneficiaries. Sign and date the sheet.

4 Owner's Signature

Owner's Signature _____

Date _____

5 Spousal Consent

Spousal consent is required in community property and marital property states where an IRA Depositor wishes to name a Beneficiary(ies) other than, or in addition to, the spouse. Spouses of Depositors who reside in community property or marital property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI) must sign the consent below.

I hereby consent to and join in the designation of Beneficiary(ies) above. I give to the Depositor any interest I have in the funds deposited in this account:

Signature of Depositor's Spouse (if applicable) _____

Date _____