

IRA CHANGE OF BENEFICIARY FORM

This IRA Change of Beneficiary Form is used by IRA owners and Inherited IRA owners to change the beneficiaries for Traditional, Roth, and SEP IRAs. If you have any questions about completing this form, please contact Shareholder Services at 855.552.5520.

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Monachil Credit Income Fund
PO Box 2175
Milwaukee WI 53201-2175

Overnight Delivery

Monachil Credit Income Fund C/O UMB Fund Services, Inc 235 W Galena Street Milwaukee WI 53212-3948

PART I: IRA C	OWNER INFORM	ATION					
Name:			Social S	Social Security Number:			
Account Number:			Phone N	Phone Number:			
PART II: BENI	EFICIARY DESIG	INATION					
NOTE: THIS BI IRA Owners (or In considered a prim beneficiaries who indicated) to the c	ENEFICIARY DE therited IRA Owners lary beneficiary. Afte survive you. If no prontingent beneficiar	SIGNATION SUPERSEDE) designate beneficiaries belo er your death, the IRA assets v imary beneficiaries are living ies who survive you. The mos ne beneficiary designation at a	w. If the primary or con will be distributed in equ when you die, your IRA at current beneficiary de	tingent status is not inc ual shares (unless indic assets will be distribut signation on file with th	licated, the individual cated otherwise) to the ed in equal shares (se Custodian at the t	al or entity will be ne primary unless otherwise ime of death will	
Type: Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA	Owner: 🛚 spouse	☐ non-spouse	
Name:			Social Security No	Social Security Number: Date of Birth:			
Address:							
Type: Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA	Owner: 🗆 spouse	☐ non-spouse	
Name:			Taxpayer ID Num	Taxpayer ID Number: Date of Birth:		rth:	
Address:							
Type: Primary	□ Contingent	Share Percentage:	%	Relationship to IRA	Owner: □ spouse	☐ non-spouse	
Name:			Taxpayer ID Number:		Date of Bi	rth:	
Address:							
Type: □ Primary	☐ Contingent	Share Percentage:	%	Relationship to IRA	Owner: spouse	☐ non-spouse	
Name:			Taxpayer ID Number:		Date of Bi	Date of Birth:	
Address:							
□ Addondum atta	ched for additional	peneficiaries. If you need addi	tional space to name by	anaficiarias attach a sc	anarata sheet that in	cludes all of the	

information requested above. Sign and date the sheet.

PART III: SPOUSAL CONSENT

Complete this section only if you, the IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:					
X	Date:				
PART IV: ACKNOWLEDGEMENT					
on what I have provided. In addition, I assume all responsibilit	the information I have provided is true, correct, and complete, and the Custodian makes for the elections I have made, including those related to naming a nonspouse adian harmless from any consequences related to executing my directions. I have been provided any such advice from the Custodian.				
Signature of IRA Owner (or Inherited IRA Owner):					
X	Date:				