



Designation of Beneficiary Form for IRA

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For additional information, please contact us at (800) 341-8900 or visit www.permanentportfoliofunds.com.

Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: Permanent Portfolio Family of Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan Street, FL3
Milwaukee, WI 53202-5207

1. Account Registration

Account Number(s): _____

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

2. Designation Of Beneficiaries

I hereby revoke all my prior Designations of Beneficiary and designate the following individual(s) to receive my interest in the Permanent Portfolio Family of Funds Individual Retirement Account in the event of my death:

Primary Beneficiary(ies):

NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %

Secondary

NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %
NAME OF BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
_____	_____	_____	_____ %

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE _____ DATE (MM/DD/YYYY) _____

3. Signature

I retain the right to revoke this Designation and to designate a new beneficiary or beneficiaries at any time by communicating to U.S. Bank Global Fund Services in writing.

SIGNATURE OF IRA ACCOUNT OWNER _____ DATE (MM/DD/YYYY) _____