

# Change of Beneficiary

*This form is used to indicate the person(s) to whom IRA or Coverdell Education Savings Account assets in the account listed below should be distributed upon your death. Please note that this beneficiary designation will replace any beneficiary designation you may currently have on file with Legg Mason. If you have any questions, please call Funds Investor Services at 1-800-822-5544 Monday through Friday, 8:00 am – 5:30 pm (ET).*

*The manner of distribution may have certain tax consequences for your beneficiary(ies). You should consult your tax advisor before making your selection.*

## 1 ACCOUNT INFORMATION

Account Owner's Name Account Number

Social Security Number Daytime Phone Number

Have you reached the age of 70½?  Yes  No

If you are 70½ or older and are receiving Minimum Required Distributions (MRD), any changes to the primary beneficiary may affect your distribution amount.

## 2 PRIMARY BENEFICIARY(IES) (PERCENTAGE OF ASSETS ALLOCATED MUST TOTAL 100%)

If a Trust is designated as a beneficiary, Trust name and Date of Trust must be listed below.

Name Relationship (Spouse or Other) Date of Trust

Social Security Number/Tax ID Number Percentage of Assets Allocated

Name Relationship (Spouse or Other) Date of Birth

Social Security Number Percentage of Assets Allocated

Name Relationship (Spouse or Other) Date of Birth

Social Security Number Percentage of Assets Allocated

Name Relationship (Spouse or Other) Date of Birth

Social Security Number Percentage of Assets Allocated

### 3 SECONDARY BENEFICIARY(IES)

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Name	Relationship (Spouse or Other)	Date of Birth
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Social Security Number	Percentage of Assets Allocated
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Name	Relationship (Spouse or Other)	Date of Birth
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Social Security Number	Percentage of Assets Allocated
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### 4 IRA SPOUSAL CONSENT (REQUIRED FOR COMMUNITY PROPERTY STATES ONLY - AZ,CA,ID,LA,NM,NV,TX,WA,WI)

I am the spouse of the individual named above as the Account Owner of the Legg Mason IRA. I voluntarily and irrevocably grant consent regarding the beneficiary(ies) set forth above. I understand that I am not required to grant consent and that, if I do not grant consent, I may be entitled under applicable state law to all or a portion of my spouse's accumulated IRA benefits upon my spouse's death.

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Signature of Spouse	Date	Print Name
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Signature of Witness <sup>1</sup>	Date	Print Name
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<sup>1</sup> Witness cannot be Account Owner or named beneficiary.

### 5 SIGNATURE

I hereby designate the above beneficiary(ies). In the event of my death, distribute my assets to the following named primary beneficiary(ies) in the percentages indicated. Should one or more, but not all, primary beneficiaries not survive me, my assets should be divided equally among those still living. Should all primary beneficiaries not survive me, divide my assets among the following secondary beneficiaries in the percentages indicated. Should one or more, but not all, secondary beneficiaries not survive me, my assets should be divided equally among those still living. If no primary beneficiary is indicated, the account proceeds will be distributed in accordance with the terms of the applicable custodial agreement.

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Signature of Account Owner	Date	Print Name
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#### CONTACT INFORMATION

<b>Mail:</b>	<i>Postal address</i>	<i>Overnight carrier address</i>
	Legg Mason Funds c/o BFDS P.O. Box 55214 Boston, MA 02205-8504	Legg Mason Funds c/o BFDS 30 Dan Road Canton, MA 02021-2809

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<b>Phone:</b>	Funds Investor Services: To speak with an investment professional regarding any of our funds, please call toll-free: 1-800-822-5544, Monday through Friday, 8:00 am – 5:30 pm (ET)
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<b>Internet:</b>	<a href="http://www.leggmason.com/individualinvestors">www.leggmason.com/individualinvestors</a>
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