

## IRA Beneficiary Form (Please print clearly.)

Dear UMB Bank n.a.:	
My VanEck-sponsored IRA/SPIRA/SEP/IRA, account number is _	
Please add/change the beneficiaries on my UMB Bank NA custodi (Add additional pages of this form, if more primary or contingent beneficiar	
Primary Beneficiary(s) (Review "Spousal Consent" on page 2 below of	nly if you have designated a primary beneficiary other than your spouse.)
Full Name	
Relationship (wife, son, daughter, etc.)	Social Security Number
Date of Birth (MM/DD/YYYY)	Percentage of Distribution
Full Name	
Relationship (wife, son, daughter, etc.)	Social Security Number
Date of Birth (MM/DD/YYYY)	Percentage of Distribution
Contingent Beneficiary (Optional - if all primary beneficiaries do not se	urvive the IRA shareholder).
Full Name	
Relationship	Social Security Number
Date of Birth (MM/DD/YYYY)	Percentage of Distribution
Shareholder Signature:	Date (MM/DD/YYYY):

Print Full Shareholder Name on Account (and legal capacity such as Executor, Custodian, etc. if applicable)

Spousal Consent (Review only if you have designated a primary beneficiary other than your spouse.)

(This section should <u>only</u> be reviewed if the shareholder is married, is a resident of a community property or marital property state, and designates a primary beneficiary other than the spouse. It is the shareholder's responsibility to determine if this section applies. The shareholder may need to consult with legal counsel. Neither UMB Bank n.a. ("Custodian") nor Van Eck Securities Corporation ("Sponsor") are liable for any consequences resulting from a failure of the shareholder to provide proper spousal consent.)

I am the spouse of the above named shareholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Signature of Spouse	Date (MM/DD/YYYY)
Signature of Spouse (cannot be shareholder of this account)	Date (MM/DD/YYYY)

## MAIL TO:

VanEck Funds P.O. Box 218407 Kansas City, MO 64121-8407

VanEck Account Assistance: 1.800.544.4653 (8:00 am to 4:30 pm CT)

VEFIRABENEF 06/2022