

IRA Beneficiary Addition/Change Form

Please mail completed form to:
State Street Global Advisors
PO Box 701
Milwaukee, WI 53201-0701

Important Notice: This designation will not be in force unless it is signed and received by Elfun Funds at the address above before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the Disclosure Statement and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling 800-242-0134.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Elfun Funds beneficiaries are subject to the same rules of eligibility that apply to primary owners of the Elfun Funds. Non-eligible beneficiaries will not be permitted to retain assets in the Elfun Funds upon the death of the IRA holder. If a trust is designated as your beneficiary, the Elfun Funds shares must be specifically earmarked for beneficiaries of the trust who are Elfun Funds eligible. Eligibility rules require that the shares be sold if there are no Elfun Funds eligible beneficiaries.

Trusts must also meet certain IRS-specified conditions to be an eligible beneficiary. Consult your tax advisor to see whether your trust meets these requirements.

1. Account Information

Account Number

Account Number

Account Number

Name of Taxable Owner

Social Security Number

2. Beneficiary Designation

All beneficiaries must be named, as we cannot properly determine beneficiaries such as "children" or "spouse". If you need more space, please attach a separate sheet.

Primary:

Name Relationship Percentage %

Date of Birth (MM/DD/YYYY) Social Security / Tax ID Number City / State / Zip Code

Name Relationship Percentage %

Date of Birth (MM/DD/YYYY) Social Security / Tax ID Number City / State / Zip Code

Secondary:

Name Relationship Percentage %

Date of Birth (MM/DD/YYYY) Social Security / Tax ID Number City / State / Zip Code

Name Relationship Percentage %

Date of Birth (MM/DD/YYYY) Social Security / Tax ID Number City / State / Zip Code

3. Spousal Consent

If you have named 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.

X

Signature of Spouse

Date (MM/DD/YYYY)

Check this box if you reside in a community or marital property state and are unmarried or do not have a surviving spouse.

4. Signature

I have read and understand the Disclosure Statement and Custodial Agreement. By signing this form, I hereby revoke all prior designations of beneficiary(ies) and designate the beneficiary(ies) listed in Section 2 to receive my Individual Retirement Account (IRA) assets upon my death.

X

Signature of Owner

Date (MM/DD/YYYY)