

**AGENCY NAME PROGRAM NAME**

**Individual Development Account**

**Beneficiary Designation**

In the event of my death, any balance remaining in the participant's IDA shall be distributed within 30 days of the date of participant's death to the assigned beneficiary. In order for all the balance of the match funds to remain, the beneficiary must meet the IDA Program criteria. Therefore, if the designated beneficiary does not meet the criteria, all matched funds must either be obligated for a new participant or returned to the Office of Grants Management.

I, \_\_\_\_\_, request that in the event of my death, the following person should receive the total balance in my IDA.

\_\_\_\_\_  
Name of Beneficiary (First, Middle, & Last Name)

\_\_\_\_\_  
Beneficiary's Date of Birth

\_\_\_\_\_  
Beneficiary's Address

\_\_\_\_\_  
Beneficiary's Phone Number

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date