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Beneficiary Change Form

I. Your Information		
First Name	MI	Last Name
Account #	Social Security#	

II. Beneficiary Designations						
<p>Select One:</p> <p><input type="checkbox"/> REPLACE BENEFICIARY(IES) – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account and hereby revoke all prior beneficiary(ies) designations, if any, made by me.</p> <p><input type="checkbox"/> ADD BENEFICIARY(IES) – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.)</p> <p>The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.</p>						
No.	Beneficiary Name/Address	Date of Birth	Social Security	Relationship	Primary or Contingent	Share%
1					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
2					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
3					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
4					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
5					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

IV. Spousal Consent	V. Signatures
<p><i>This section should be reviewed if either the trust or the residence of the account holder is located in a community or marital property state and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.</i></p> <p>CURRENT MARITAL STATUS</p> <p><input type="checkbox"/> I Am Not Married – I understand that if I become married in the future, I must complete a new IRA Designation Of Beneficiary form.</p> <p><input type="checkbox"/> I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.</p> <p>CONSENT OF SPOUSE</p> <p>I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.</p> <p>I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.</p>	<p>Important: Please read before signing.</p> <p>I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Trustee or Custodian.</p> <p>The Trustee or Custodian has provided no tax or legal advice to me regarding my beneficiary designations.</p>
<p>_____</p> <p>(Signature of spouse) _____ Date</p>	<p>_____</p> <p>Signature of account holder) _____ Date</p>