

Retirement Plan Beneficiary Designation or Change Form

Part I. General Information

Participant's Name:	Account Number	Social Security Number	
Street Address	City	State	Zip

Part II. Designation of Beneficiary(ies)

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiaries of this IRA. If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

Primary	Contingent	Name:	SSN:	Birthdate:
		Address:	Relation:	Share: %
Primary	Contingent	Name:	SSN:	Birthdate:
		Address:	Relation:	Share %
Primary	Contingent	Name:	SSN:	Birthdate:
		Address:	Relation:	Share %
Primary	Contingent	Name:	SSN:	Birthdate:
		Address:	Relation:	Share %
Primary	Contingent	Name:	SSN:	Birthdate:
		Address:	Relation:	Share %
Primary	Contingent	Name:	SSN:	Birthdate:
		Address:	Relation:	Share %

Part III. Spousal Consent

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ Date: _____

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Trustee or Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor

Part IV. Signatures

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian or Trustee.
If I named a Beneficiary which is a Trust, I understand I must complete the Trust Beneficiary Certification Form.

Participant Signature:	Date:
Authorized Signature:	Date: