

Beneficiary Designation

Use this form to designate a beneficiary/beneficiaries to an account. Additional pages may be attached if you wish to designate more than two primary or two contingent beneficiaries beyond the space allotted on Page 2; all requested information (social security number, date of birth, phone numbers) should be included for PENSCO to accept the designations. **Your signature and date are required on Page 3.**

1 ACCOUNT OWNER/BENEFICIAL ACCOUNT OWNER INFORMATION			
ACCOUNT OWNER NAME (FIRST, MI, LAST)*		PENSCO ACCOUNT NO.*	
LAST 4 DIGITS OF SSN*	DATE OF BIRTH*	PRIMARY PHONE*	
MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

I wish to apply the beneficiary designations listed here (or attached to this form) to all of my accounts held by PENSCO.

2 BENEFICIARY DESIGNATION

My beneficiaries and contingent beneficiaries (if applicable) are:

Listed on the next page Attached to this form

- You may designate as many beneficiaries as you wish; additional sheets may be attached, if needed, for contingent beneficiaries. Please provide the information requested for each beneficiary following the formats on the next page.
- Providing Social Security Numbers for each beneficiary is recommended; without them, PENSCO will be unable to process distribution instructions in the event of an Account Owner's death.
- An Account Owner's beneficiary designation must be on record with the Custodian **prior to the Account Owner's death** to be considered an effective designation.

I hereby designate the persons named herein as primary and contingent beneficiaries to receive my interest in this IRA according to the terms of the IRA Custodial Account Agreement, hereby revoking any such prior designations made by me.

I understand that, under the terms of the IRA Custodial Account Agreement, upon my death, my surviving Primary Beneficiary(ies) each will be entitled to name their own beneficiary(ies) for any IRA assets to which each such Primary Beneficiary became entitled upon my death, that remain in the IRA upon the death of such Primary Beneficiary(ies). If any Primary Beneficiary dies before my death, the IRA will pass upon my death to my remaining Primary Beneficiary(ies), if any, based on their proportional interests as specified below. If all of my Primary Beneficiaries die before my death, the IRA will pass to the Contingent Beneficiary(ies) named below. An Account Owner's beneficiary designation must be on record with the Custodian prior to his/her death to be considered an effective designation.

The total percentage of ownership for each level of beneficiary, both primary and contingent, must equal 100%. For example: if you are designating 3 beneficiaries with rights to equal portions of the account, the amount should reflect 33.33%, 33.33% and 33.34%. If your beneficiary designation request does not total 100%, PENSCO will correct any excess or short-fall percentage allocation by applying the ratio of the percentage actually allocated among the beneficiaries at each level. If the percentage of ownership fields are not provided, ownership of the account will be divided pro rata.

CONTINUED ON THE NEXT PAGE.



2A PRIMARY BENEFICIARY(IES)

BENEFICIARY #1 NAME (FIRST, MI, LAST)*		SOCIAL SECURITY NO.*	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

BENEFICIARY #2 NAME (FIRST, MI, LAST)*		SOCIAL SECURITY NO.*	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

Additional primary beneficiaries are attached.

2B CONTINGENT BENEFICIARY(IES)

- In case of death of primary beneficiaries.

CONTINGENT BENEFICIARY #1 NAME (FIRST, MI, LAST)*		SOCIAL SECURITY NO.*	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

CONTINGENT BENEFICIARY #2 NAME (FIRST, MI, LAST)*		SOCIAL SECURITY NO.*	DATE OF BIRTH
RELATIONSHIP TO ACCOUNT OWNER			PERCENTAGE OF OWNERSHIP %
MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

Additional contingent beneficiaries are attached.

3 SPOUSAL CONSENT

• For use in community property states. If applicable, this section should be filled out, **signed and dated by the spouse of the Account Owner**, if:

A. Account Owner is married and has designated any Primary Beneficiary other than his/her spouse; and

B. Account Owner's plan includes, or will include property in which his/her spouse possesses a community property interest, or other type of property interest. (The current community property states are: **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin**. Please consult with your legal advisor to ensure this satisfies the laws of your state.)

I, the undersigned spouse of the Account Owner named above, hereby consent to and accept the beneficiary designation without regard to whether I survive or predecease my spouse.

 SPOUSE'S SIGNATURE	DATE (REQUIRED)
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NOTARY ACKNOWLEDGMENT

• Notary is required for spousal consent signature when an Account Owner living in a community property state has designated a non-spouse beneficiary. If a notary is included, please fax or upload the document to PENSCO.

State of _____; County of _____

On this _____ day of _____, 20____, before me, _____

a Notary Public in and for said County and State, personally appeared (Name): _____,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

[SEAL]

4 ACKNOWLEDGMENT & SIGNATURE

I acknowledge that this new beneficiary designation supersedes any and all other beneficiary designations previously provided to PENSCO. This designation shall be in effect until I otherwise notify PENSCO in writing.

PLEASE SIGN AND DATE BELOW.

 ACCOUNT OWNER SIGNATURE	DATE (REQUIRED)
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DELIVERY INSTRUCTIONS

Fill out this form and submit with any required documents to:

Online Upload:

www.pensco.com/upload

Fax: 303-614-7038

Regular Mail

PENSCO

P.O. Box 173859

Denver, CO 80217-3859

Overnight/Express Delivery

PENSCO

1560 Broadway, Suite 400

Denver, CO 80202-3331

<p>QUESTIONS? Call us at 800-962-4238.</p>

PENSCO Trust Company performs the duties of an independent custodian of assets for self-directed individual and business retirement accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity. Alternative investments are not FDIC insured and are subject to risk, including loss of principal.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE