

FORM IB-C
IRA BENEFICIARY DESIGNATION

I.E. Code	Account Number

Name of Account Holder

Type of IRA/QRP account

Address

Social Security No.

City State Zip

Marital Status

I hereby designate the following person or persons as primary and contingent Beneficiaries:

A. Primary Beneficiary (ies)

Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits

B. Contingent Beneficiary (ies)

Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits

I elect that at my death the interest in my account shall become the property of the primary Beneficiary, if he or she survives, and if no primary Beneficiary survives, then of the contingent beneficiary, and if no designated Beneficiary survives, or if the Custodian cannot locate the Beneficiary, then the Custodian shall distribute the amounts payable to my estate. I reserve the right to revoke or change this Beneficiary designation. I understand that such change or revocation must be tendered in writing. If no indication of benefits is made, funds will be divided equally.

SPOUSAL CONSENT

Note: If the Account Holder is married and the Account Holder's spouse is not designated as the sole primary beneficiary, the written consent of the spouse is required.

<p>I hereby consent to the beneficiary designation(s) indicated above and give the Account Holder any interest I have in the funds or property deposited in this account. 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>_____</p> <p>(Full Signature of Spouse)</p>	<p>_____</p> <p>(Date)</p>

Signature of Account Holder

Date

Correspondent Broker Acceptance

Date