

Designation of Customized Beneficiary

STEP 1. PARTICIPANT INFORMATION

Name		
Social Security or Tax ID Number	Date of Birth	
Address		
City	State	Zip/Postal Code
Account Number	Telephone	

Marital Status

Spousal consent may be required. See below.

Single Married Divorced Domestic Partner Widowed

STEP 2. DESIGNATION OF CUSTOMIZED BENEFICIARY

For specific beneficiary provisions, please refer to the applicable sections of the plan document and the disclosure statement.

You may either:

- Complete this customized beneficiary designation form; OR
- Attach a customized beneficiary designation that includes the same beneficiary designation information below, name of the Responsible Individual, and language contained in the signature section, including spousal consent.

Any request will still be subject to prior approval by Pershing LLC and may be subject to a review fee. Please speak with your Financial Advisor on Pershing's current customized beneficiary policy.

Please Note: Specific dollar amount designations must include an "if/then" statement to address scenarios where allocated funds may not be available at the time of the IRA owner's death.

Your request must also designate a Responsible Individual to direct Pershing LLC on any questions relating to the distribution of your IRA ("Responsible Individual"). You understand and agree that Pershing LLC will rely on the direction of the Responsible Individual, and that your intent is that such direction is binding on all beneficiaries of this IRA and of your estate if applicable. If no person is named, Pershing may only take instructions from the Court-appointed Executor of your estate regarding distributions from your IRA. Pershing LLC shall not be liable for any direction or payment made at the authorization of the Responsible Individual or Court Appointed Executor.

If naming multiple beneficiaries, the total allocation of all primary beneficiaries must equal 100%.

To designate your estate as your beneficiary, write in "estate" in the primary beneficiary section. "Per will" designations are not acceptable designations.

Please consult with your legal advisor before electing the per stirpes designation.

Primary Beneficiaries

Primary Beneficiary 1 Name	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____	Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship <input type="checkbox"/> Per Stirpes
Legal Address		
Mailing Address (if different than Legal Address)		



Designation of Customized Beneficiary

Account Number

Primary Beneficiary 2 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 3 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 4 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 5 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 6 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 7 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 8 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 9 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Primary Beneficiary 10 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Contingent Beneficiaries

Contingent Beneficiary 1 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Contingent Beneficiary 2 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Contingent Beneficiary 3 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
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Contingent Beneficiary 4 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
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Contingent Beneficiary 5 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
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Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
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Contingent Beneficiary 7 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
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Contingent Beneficiary 8 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
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Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
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Contingent Beneficiary 10 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security/Tax ID/Foreign TIN
Allocation of Assets <input type="checkbox"/> Percentage _____ % or <input type="checkbox"/> Dollar Amount \$ _____		Date of Birth	Date of Trust (if applicable)
Trust Type (if applicable)	Telephone	Relationship	<input type="checkbox"/> Per Stirpes
Legal Address			
Mailing Address (if different than Legal Address)			

Responsible Individual

Name of Responsible Individual

STEP 3. SIGNATURE

The Custodian of the Individual Retirement Account (IRA) shall have no responsibility for reviewing or interpreting my Last Will and Testament, Trust(s), or any codicils or amendments thereto or for determining the identification of the persons and/or trusts to whom the assets of the IRA are payable. I direct the specifically named individual, Executor, Administrator, Trustee of any identified trust, or other fiduciary responsible for my estate (hereinafter the "Responsible Individual") to make any determinations or representations that the Custodian may require after my death, and to advise the Custodian in writing of determinations made identifying the persons and/or trusts to whom the assets of the IRA are payable. The Custodian is entitled to rely exclusively upon the written directions of the Responsible Individual, and the Trustee of any identified trust, and shall have no liability to any person for relying upon such instructions of these parties.

I, my legal representatives, my heirs and all of my beneficiaries, agree to release, indemnify and hold the Custodian harmless from and against any and all claims or losses of any kind arising out of or related to any action taken by the Custodian in accepting my beneficiary designation or distributing assets upon the instruction of the parties identified above including all liability, claim, expense, penalty, charge, fee loss, damage or other cost whatsoever, including attorney's fees, that may occur as a result of this beneficiary designation.

Participant Signature

Print Name	Date
Signature X	

Spousal Consent (required in community property or marital property states)

Community or marital property states include AZ, CA, ID, LA, NV, NM, TX, WA, WI.

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public. I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important financial and tax consequences of giving up my interest in this IRA, SEP IRA, or SIMPLE IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA, SEP IRA, or SIMPLE 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.

Print Spouse Name	Date
Signature X	