

Account Number:

[Empty box for Account Number]

1 ACCOUNT HOLDER INFORMATION

Legal Name: _____ Soc. Sec. Number: _____

Email Address: _____ Phone: _____

2 BENEFICIARY DESIGNATION

This designation revokes any prior beneficiary designation. Only if there are no surviving primary beneficiaries when you die will contingent beneficiaries receive the account funds. I understand that if I am married, my spouse may consent to any designation of a Primary Beneficiary other than my spouse.

PRIMARY BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ___/___/___ Share: _____% Relationship: _____
PRIMARY BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ___/___/___ Share: _____% Relationship: _____
CONTINGENT BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ___/___/___ Share: _____% Relationship: _____
CONTINGENT BENEFICIARY	Name: _____ SSN: _____ Date of Birth: ___/___/___ Share: _____% Relationship: _____

3 SPOUSAL CONSENT

Spousal consent may be required only if your spouse has not been named the sole primary beneficiary and you or your spouse is a resident of a community or marital property state. The state laws in which the custodian resides, the transaction occurs or the trust is held should also be consulted regarding the spousal consent requirement.

I am the spouse of the Account Holder named above, I agree to my spouse's naming of a Primary Beneficiary other than myself, and I acknowledge that I shall have no claim whatsoever against IRA Plus Southwest, LLC or the Custodian for any payment to my spouse's beneficiary (ies).

Spouse's Signature: **X** _____ Date: **X** _____

4 ACCOUNT HOLDER SIGNATURE

Signature: **X** _____ Date: **X** _____