

[Empty box for account number]

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

1 ACCOUNT OWNER 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 Owner 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 Liberty Trust Company, Ltd. for any payment to my spouse's beneficiary (ies).

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

4 ACCOUNT OWNER SIGNATURE

Under penalty of perjury, I declare and certify that this form, except for the information provided in the completion of the form, is identical, word for word, to the form provided by Liberty Trust Company, Ltd. ("LTC"), via its website or by any other means, and has not been altered in any manner whatsoever by me or, to my knowledge, by any third party. In the event that this form has been modified, with or without my knowledge, I agree that any such modification shall be null and void and that the language of the form as it was provided by LTC shall override any conflicting language.

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