

IRA DESIGNATION OR CHANGE OF BENEFICIARY

Name _____ SSN _____ Account Number _____

I revoke any beneficiary designation previously made with respect to this account. *(Check box if this replaces an existing beneficiary designation.)*

Primary Beneficiary(ies). In the event of my death, any balance of my PrimeVest® Financial Services Inc. Custodial Individual Retirement Account should be distributed as indicated.

Contingent Beneficiary(ies). If none of the below listed primary beneficiaries survive me, pay benefits to the following contingent beneficiary(ies).

Please Note: Beneficiary SSN must be included.

Primary Share	Contingent Share	Name of Beneficiary	Relationship	SSN/TIN	Date of Birth	Gender
%	%	_____	_____	_____	_____	_____
%	%	_____	_____	_____	_____	_____
%	%	_____	_____	_____	_____	_____
%	%	_____	_____	_____	_____	_____
%	%	_____	_____	_____	_____	_____
%	%	_____	_____	_____	_____	_____

If no percentage rate is indicated, the beneficiaries will share equally. If any primary or contingent beneficiary(ies) die before you, the interest in the deceased beneficiary's share shall be terminated and distributed to the remaining beneficiaries on a pro rata basis. If no primary beneficiary(ies) survive me, the contingent beneficiary(ies) shall acquire the IRA account.

I hereby release PrimeVest Financial Services Inc. (PrimeVest) and its affiliates and their representatives and employees from and indemnify them from for any and all claims arising from actions hereunder. I understand that PrimeVest and its affiliates and their representatives and employees cannot provide legal advice, and I agree to seek advice from my tax professional.

I understand this Designation or Change of Beneficiary will be effective on the date of receipt by PrimeVest and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. I have the right to change this designation of beneficiary and to designate a new beneficiary at any time by writing to the PrimeVest IRA Department. If no beneficiary survives me, or if no beneficiary can be located after reasonable search, I direct that any balance in this account be paid to my estate.

Signature _____ Date _____

Spousal Consent

I certify I am the spouse of the account owner named above. I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse.

Signature of Spouse _____ Date _____

NOTE: If you are married, a designation of beneficiary other than your spouse may not be totally effective under your state law. Please consult with your legal advisor before making such a designation.

Fax completed form to Brokerage Operations at 888.428.9904.

PrimeVest® Financial Services Inc. is a Cetera company.

