

1 PERSONAL INFORMATION

NAME		EQUITY TRUST ACCOUNT NUMBER	
ADDRESS		CITY	STATE ZIP CODE
BROKERAGE FIRM AND ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	PHONE NUMBER

2 BENEFICIARY DESIGNATIONS

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies) on my Equity Trust Company Account ("Account"). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the Account. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. Share percentages must equal 100%. If any primary or contingent beneficiary predeceases you, that beneficiary interest shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives you or renounces rights, the contingent beneficiary(ies) shall acquire the designated share of your Account. If no primary or contingent beneficiary(ies) survives you or they renounce their rights, your spouse shall acquire the designated shares of your Account. If no primary or contingent beneficiary(ies) survives you or they renounce their rights, and then if your spouse does not survive you, renounces rights, or you do not have a spouse at the time of your death, your estate shall acquire the designated shares of your Account. If the beneficiary is a Trust, please attach the Trust documents.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE
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	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	NAME			SOCIAL SECURITY NUMBER	
	DATE OF BIRTH	ALLOCATION PERCENTAGE	RELATIONSHIP	PHONE NUMBER	
	ADDRESS		CITY	STATE	ZIP CODE

3 SPOUSE SIGNATURE

This section should be reviewed if the residence of the Account Holder is located in a community or marital property state and the Account Holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor. **Applicable only in community property states (currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).**

CURRENT MARITAL STATUS: **I am not married** – I understand that if I become married in the future, I must complete a new Change of Beneficiary form.
 I am married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

CONSENT OF SPOUSE: I am the spouse of the aforementioned 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 tax consequences of giving up my interest in this Account, 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 Account 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 Equity Trust Company.

SIGNATURE OF SPOUSE	DATE
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4 SIGNATURE

I hereby release Equity Trust Company from and indemnify it for any and all claims arising from its actions hereunder. I understand this Designation or Change of Beneficiary will be effective on the date of acceptance by Equity Trust Company and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit from my IRA shall cease. Accordingly, I hereby revoke my beneficiary designations made previously with respect to this Account. I have the right to change this designation of beneficiary and to designate a new beneficiary by completing a new Beneficiary Change Form and submitting it to Equity Trust Company and Equity Trust Company accepting the Form. I agree that Equity Trust Company did not give me advice and I agree to consult with my own professionals for advice.

ACCOUNT OWNER SIGNATURE REQUIRED	DATE
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1 IMPORTANT INFORMATION

- Beneficiary designations are legal documents stating who is to receive the death benefits and how benefits are to be paid. Without this designation benefits will be paid to your surviving spouse, or if none, your estate.
 At any time, the beneficiary information can be changed to reflect a new designation by completing a Beneficiary Designation form. Your beneficiary designation is effective only when filed with Equity Trust Company during your lifetime. The form may be sent by mail, fax or email (DTS@EquityInstitutional.com). Please retain a copy of this form for your records.
- Upon your death, your designated beneficiary may designate his or her own beneficiary to receive any remaining assets in the account.
- If your designated beneficiary is your spouse (designated either by name or relationship or both), your divorce, or annulment or other legal termination of your marriage will automatically revoke your beneficiary designation.
- Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation under your particular state laws.

2 UNACCEPTABLE DESIGNATIONS and LANGUAGE

- Last Will and Testament.
- Animals named as beneficiaries.
- Per Stirpes or use of the word “issue” because in it’s legal sense includes all lineal descendants, regardless of how remote the relationship.
- Words like “per, or, and/or” cannot be used because it does not clearly explain how the assets should be distributed.
- Altered forms or items crossed out. The form must be clear and complete.

3 SAMPLE DESIGNATIONS

	Name	Relationship	Address	Allocation Percentage
One Beneficiary	John Smith	Father	#####	100%
Two Beneficiaries	John Smith	Father	#####	50%
	Mary Smith	Mother	#####	50%
Primary and Contingent	Mary Smith-Primary	Mother	#####	100%
	John Smith-Contingent	Brother	#####	100%
Estate	My Estate			100%
Trust	XXX Trust	(Trust Name) established (Date of Trust Agreement) *Attach a copy of trust	#####	100%
Testamentary Trust	John Smith/ABC Bank	Trust created by the Last Will and Testament of the participant *Attach a copy of trust	#####	100%
Minor Children	Consult with your attorney for directions when naming minor children as beneficiaries.			