

Change of Beneficiary Designation Form

Name:	Social Security Number	Account Number:
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Designation of Beneficiary

The following individual(s) shall be my beneficiary(ies). In the event of my death, pay any interest I may have in my Custodial Retirement Account in equal proportions unless otherwise indicated to the following Primary Beneficiary or Beneficiaries:

Primary Beneficiary or Beneficiaries:

Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	
Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	
Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	
Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	

Special Instructions:

If none of the above-named Primary Beneficiaries survives me, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following Alternate Beneficiary or Beneficiaries or the survivor(s) thereof:

Alternate Beneficiary or Beneficiaries:

Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	
Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	
Name:	Relationship:	Date of Birth:	Share Percentage %
Address:		Social Security Number:	

Special Instructions:

Spousal Consent (For use in community or marital property states)

If you are not married, certify here: I Certify That I Am Not Married

Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am the spouse of the above named accountholder. 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 accountholder 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 advise was given to me by Penson Financial Services, Inc.

Signature of Spouse

Date

Signature of Witness

Date

Account Holder Authorization

I understand that the beneficiaries' names herein may be changed or revoked by me at any time by filling a new designation in writing with the custodian.

Signature of Account Holder

Date