

Ridge Clearing & Outsourcing Solutions

Beneficiary Designation

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:
Address:		Social Security Number:
Name:	Relationship:	Date of Birth:
Address:		Social Security Number:

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:
Address:		Social Security Number:
Name:	Relationship:	Date of Birth:
Address:		Social Security Number:

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

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 Ridge Clearing & Outsourcing Solutions, Inc.

Signature of Spouse

Date

Signature of Witness

Date

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 Participant

Date