

IRA BENEFICIARY DESIGNATION FORM

Use this form to indicate the person or persons to whom your retirement plan assets should be paid in the event of your death. If you are not survived by a validly designated beneficiary, your benefits will be paid to your estate. The beneficiaries named on this form and the percentage of distribution may be changed or revoked at any time by completing a new Beneficiary Designation Form. This designation revokes any previous one you may have filed with the Funds, it's transfer agent or the custodian of your IRA and will become effective only upon receipt by the transfer agent as agent for the custodian.

ACCOUNT OWNERSHIP

| | |
|--------------------------------|------------------------|
| Account Owner's Name | Social Security Number |
| Daytime Phone Number | E-mail address |
| X Account Owner's Signature | Date |

| | |
|----------------------|------|
| Signature of Spouse* | Date |
|----------------------|------|

* Only required if IRA owner lives in a community property state and the designated beneficiary is not the account owner's spouse. (The following are defined as community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

Upon my death, distribute any interest I may have in the accounts listed below to the following primary beneficiaries based on the percentages provided. If percentages are not indicated, distributions will be made equally to the primary beneficiaries that survive me. Secondary beneficiaries receive distributions only if there are no surviving primary beneficiaries. Distributions to secondary beneficiaries will be made according to the rules described above for primary beneficiaries.

Check here if you would like all fiduciary accounts under the above listed Social Security Number to be updated.

| | |
|-----------|----------------|
| Fund Name | Account Number |
| Fund Name | Account Number |
| Fund Name | Account Number |

PRIMARY BENEFICIARIES (Please print clearly)

| Name | Relationship to You | Date of Birth | % |
|--------|---------------------|---------------|------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| TOTAL= | | | 100% |

SECONDARY BENEFICIARIES (Please print clearly)

| Name | Relationship to You | Date of Birth | % |
|--------|---------------------|---------------|------|
| | | | % |
| | | | % |
| | | | % |
| TOTAL= | | | 100% |