

IRA Change of Beneficiary Form

This form may only be used to change the beneficiaries designations on an established IRA. Submission of this form will replace any prior beneficiary designations.

ACCOUNT INFORMATION - REQUIRED

COR Clearing, LLC, custodian for the IRA of:

Account Title (Name of this account)	Account
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DESIGNATION OF BENEFICIARY

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

<input type="checkbox"/> Primary	BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER/TAX ID	DATE OF BIRTH
<input type="checkbox"/> Contingent	RELATIONSHIP	ADDRESS	
Share %			
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Share %			
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<input type="checkbox"/> Contingent	RELATIONSHIP	ADDRESS	
Share %			

FOR SPECIFIC BENEFICIARY PROVISIONS, PLEASE REFER TO THE APPLICABLE SECTIONS OF THE PLAN AGREEMENT AND THE DISCLOSURE STATEMENT.

THE TOTAL ALLOCATION OF ALL PRIMARY BENEFICIARIES MUST EQUAL 100%

THE TOTAL OF ALL CONTINGENT BENEFICIARIES MUST EQUAL 100%

TO DESIGNATE YOUR ESTATE AS YOUR BENEFICIARY, WRITE IN "ESTATE". "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE

IF NO BENEFICIARY IS NAMED, THE BENEFICIARY PROVISIONS OUTLINED IN THE PLAN AGREEMENT WILL APPLY.

SPOUSAL CONSENT

Spousal consent must be completed if the spouse is not the sole primary beneficiary.

CURRENT MARITAL STATUS (Required)

I Am Not Married – I understand that if I become married in the future, I should review the requirements for spousal consent.

I Am Married – I understand that if I choose to designate primary beneficiary other than or in addition to my spouse, my spouse should sign below. *I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA owner my interest in the assets or property deposited in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result*

Signature of Spouse x	Print Name	Date
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SIGNATURES – IMPORTANT PLEASE READ BEFORE SIGNING

I (Account Owner) hereby state that all previous designation(s) of beneficiary(ies), with respect to the above-designated IRA, are hereby revoked. I understand that the Change of Beneficiary will be effective on the date of receipt by my introducing Broker Dealer and/or COR Clearing LLC, and that, upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. I retain the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written notification to my Broker and/or COR Clearing.

Signature of IRA Owner x	Print Name	Date (mm/dd/yyyy)
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