



BENEFICIARY DESIGNATION

M2 Trust Services, LLC
700 17th Street, Suite 1100
Denver, CO 80202
Phone: (888) 265-1225

OVERVIEW

We recommend you review your proposed beneficiary designations with your financial, legal or tax adviser before completing this form. This form cancels any beneficiary designations previously submitted to M2 Trust Services, LLC ("M2 Trust"). If you live in a community property state and you select someone other than your spouse as beneficiary you must obtain your spouse's consent. Note: Spouse's signature must be notarized. If you fail to obtain such consent your designation may be determined to be invalid. *Per-Stirpes Designation* - In the event your primary beneficiary predeceases you, a per stirpes beneficiary designation provides that the share he or she would have received goes to his or her heirs.

ACCOUNT HOLDER INFORMATION

First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Social Security Number	<input type="text"/>		

DESIGNATION OF BENEFICIARY(IES)

I designate the individual(s) named below as my primary and contingent beneficiary of my account. I understand that I may change or add beneficiaries at any time by completing and delivering to M2 Trust a new beneficiary Designation.

Note: If you are married and designate a primary beneficiary other than your spouse, your spouse must sign the spousal consent wavier below if you reside in a community property state. If you designate a trust as beneficiary, please provide a copy of the trust. Named beneficiaries may only be U.S. Citizens or non-U.S. Citizens that have obtained a substitute tax identification number or social security number. In the event of your death, if you fail to provide M2 Trust with a designated beneficiary for your account, Article XV of the Traditional IRA Custodial Agreement or XVI of the Roth IRA Custodial agreement will prevail. If you have more than one beneficiary, the named beneficiaries will share equally in the Account unless you designate the ownership interest of each listed beneficiary. You should ensure that any such allocation of ownership interest totals one hundred (100) percent. For a more detailed explanation about beneficiary designations, please refer to the Custodial Agreement.

PRIMARY BENEFICIARIES

<input type="checkbox"/> Spouse	NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
<input type="checkbox"/> Trust	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE	<input type="text"/> %	PER STIRPES	<input type="checkbox"/> Check box for Per Stirpes
<input type="checkbox"/> Spouse	NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
<input type="checkbox"/> Trust	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE	<input type="text"/> %	PER STIRPES	<input type="checkbox"/> Check box for Per Stirpes
<input type="checkbox"/> Spouse	NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
<input type="checkbox"/> Trust	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE	<input type="text"/> %	PER STIRPES	<input type="checkbox"/> Check box for Per Stirpes
<input type="checkbox"/> Spouse	NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
<input type="checkbox"/> Trust	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE	<input type="text"/> %	PER STIRPES	<input type="checkbox"/> Check box for Per Stirpes

CONTINGENT BENEFICIARIES

<input type="checkbox"/> Spouse	NAME _____	RELATIONSHIP _____
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID _____	DATE OF BIRTH _____
<input type="checkbox"/> Trust		
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE _____ %	PER STIRPES <input type="checkbox"/> Check box for Per Stirpes

<input type="checkbox"/> Spouse	NAME _____	RELATIONSHIP _____
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID _____	DATE OF BIRTH _____
<input type="checkbox"/> Trust		
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE _____ %	PER STIRPES <input type="checkbox"/> Check box for Per Stirpes

<input type="checkbox"/> Spouse	NAME _____	RELATIONSHIP _____
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID _____	DATE OF BIRTH _____
<input type="checkbox"/> Trust		
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE _____ %	PER STIRPES <input type="checkbox"/> Check box for Per Stirpes

<input type="checkbox"/> Spouse	NAME _____	RELATIONSHIP _____
<input type="checkbox"/> Non-Spouse	SOCIAL SECURITY OR TAX ID _____	DATE OF BIRTH _____
<input type="checkbox"/> Trust		
<input type="checkbox"/> Other Entity	SHARE PERCENTAGE _____ %	PER STIRPES <input type="checkbox"/> Check box for Per Stirpes

ACKNOWLEDGMENT, AUTHORIZATION & ACCOUNT HOLDER SIGNATURE

I hereby appoint the individual(s) and/or entity(ies) named herein as my account beneficiary(ies). I acknowledge that completing and sending a new Beneficiary Designation to M2 Trust will automatically replace any prior Beneficiary Designation associated with my account. I understand and agree that if I fail to name a beneficiary or if all of the beneficiaries named herein shall predecease me, the remaining balance of the account shall be payable to my spouse or if there is no spouse living, then to my children, or if there are no children, then to my estate.

I understand and agree that if I have more than one beneficiary, the named beneficiaries will share equally in the account unless I designate the ownership interest of each listed beneficiary. In the event that ownership interest does not equal 100%, M2 Trust is hereby authorized to divide the remaining unallocated percentage equally among the listed account beneficiaries. I understand and agree should I name multiple beneficiaries and provide an allocation equaling 100% among only a portion of the named beneficiaries, I hereby authorize M2 Trust to pay the specified percentage only to the beneficiary(ies) whose ownership interest has been specified by me. I understand and agree designated beneficiaries without an allocation of ownership interest will not be entitled to receive any assets of my account, thereby forfeiting any of their rights or claims against the account and/or M2 Trust.

Account Holder's Signature

Date

<p>X _____</p>	<p>_____</p>
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CONSENT OF SPOUSE

I am the spouse of the above-named 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. I hereby affirm that no tax or legal advice was given to me by M2 Trust.

Name of Spouse: _____

Signature of Spouse: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____, in the County of _____, subscribed and sworn before me by the above-named individual who is personally known to me or has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____.

Name and Signature of Notary

Notary Seal/Stamp

Print Name of Notary

Date (MM/DD/YYYY)
X _____
Notary Signature

My commission expires (MM/DD/YYYY)

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