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BENEFICIARY DESIGNATION

A ACCOUNT OWNER'S INFORMATION

First: _____ Middle: _____ Last: _____

Millennium Account No.: _____ Social Security No.: _____

E-mail: _____ Daytime Phone No.: _____

Marital Status: Single Married Divorced/Widowed

B BENEFICIARY DESIGNATION

I, the undersigned, hereby make the following beneficiary designation. In the event of my death, pay benefits to the following named primary beneficiary(ies). If you are married and designate a beneficiary other than your spouse, have your spouse sign the spousal consent below if you live in a community property state. If more than one primary or contingent beneficiary is designated, the assigned percentages must equal 100%, or the beneficiaries will be assigned equal percentages. Contingent Beneficiaries take hereunder only if all Primary Beneficiaries fail to survive me. If multiple Primary or Contingent Beneficiaries are named, as to each Beneficiary that shall not survive me, his or her share (if any for a Contingent Beneficiary) shall be distributed to the remaining Beneficiaries, Primary or Contingent as the case may be in the proportions shown. Additional beneficiary designations or changes must be made via the proper form.

Primary Beneficiaries

Full Name (<i>first, middle, last</i>) Address (<i>including country of residence</i>)	Date of Birth	Social Security No.	Country(ies) of Citizenship	Relationship	% to Beneficiary

Contingent Beneficiaries

Full Name (<i>first, middle, last</i>) Address (<i>including country of residence</i>)	Date of Birth	Social Security No.	Country(ies) of Citizenship	Relationship	% to Beneficiary

Please continue to page two to complete this form.



C Spousal Consent

Spousal Consent: Complete this section if (1) Account Owner is married and has designated a Primary Beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of December 31, 2013, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

I am the spouse of the Account Owner named above, I agree to my spouse's naming of a Primary Beneficiary other than myself, and I acknowledge that I shall have no claim whatsoever against Millennium Trust Company, LLC for any payment to my spouse's beneficiary(ies).

Spouse's Name:

Spouse's Signature: _____ Date:

D ACCOUNT OWNER'S AUTHORIZATION

I reserve the right to change this designation and I revoke all prior beneficiary designations under this retirement account.

Account Owner's Signature: _____ Date: