



Trust Management, Inc.

A Texas Trust Company

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DESIGNATION OF BENEFICIARY FORM

Name of IRA Participant (Please type or print)

Social Security Number

TMI Account Number

My primary and/or contingent beneficiary(ies) are shown below. If neither primary nor contingent is indicated, they shall be deemed a primary beneficiary. Multiple primary beneficiaries with no share percentage will be deemed to share equally in IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. The interest of any beneficiary who dies before me shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Primary Contingent Name _____ Social Security # _____
 Address _____ Date of Birth _____ Share _____ %
 Relationship _____

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 Address _____ Date of Birth _____ Share _____ %
 Relationship _____

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 Address _____ Date of Birth _____ Share _____ %
 Relationship _____

Primary Contingent Name _____ Social Security # _____
 Address _____ Date of Birth _____ Share _____ %
 Relationship _____

Primary Contingent Name & Date of Trust: _____
**If a trust is designated, a copy of the title, trustee, and signature pages of the trust must accompany this form.*

SPOUSAL CONSENT (MARRIED ACCOUNTHOLDER WITH PRIMARY BENEFICIARY OTHER THAN SPOUSE)

CURRENT MARITAL STATUS

- I am Not Married. I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiary form.
- I am Married. I understand that if I choose to designate a primary beneficiary other than my Spouse, my Spouse must sign below.
- I am the Spouse of the IRA account holder named above. I agree to my Spouse naming a Primary Beneficiary other than myself. I acknowledge that I have received a fair and reasonable disclosure of my Spouse's property and financial obligations. I have been advised to see a tax professional and no tax or legal advice was given to me by TMI. I acknowledge that I shall have no claim whatsoever against Trust Management, Inc., for any payment to my Spouse's named Beneficiary (ies).

Spouse's Signature: _____ Date: _____

Spouse's Printed Name: _____

SIGNATURES

I hereby revoke any and all prior designations of beneficiary, and understand that I may revoke or change this beneficiary designation at any time by submitting a new IRA Designation of Beneficiary form to my IRA Custodian. I understand that if I am married and elect to designate a beneficiary other than my spouse, I should consult with my legal advisor as to any interest (community property, marital property, or otherwise) my spouse has or may have with respect to this IRA and the effect of any such interest on this beneficiary designation. A Beneficiary Designation shall be valid only if dates and signed by me and filed with the IRA Custodian before my death.

Account Holder Signature: _____ Date: _____

Accepted by Trust Management, Inc
Authorized Singer for TMI: _____ Date: _____