

IRA Beneficiary Designation

Sub Firm: 211 Account #:

1 Account Holder Information - (FOR ESA ACCOUNTS, LIST MINOR'S INFORMATION HERE)

First Name:	Last Name:	
Social Security Number:	Date of Birth:	
Home Phone:	Business/Cell Phone:	
Legal Address (No PO Boxes):		
City:	State:	Zip:

2 Beneficiary Designation - (DO NOT COMPLETE FOR ESA ACCOUNTS, SEE SECTION 3)

Name a beneficiary(ies) in this section. Acceptable beneficiaries are an individual, estate, trust or organization. If there is no named beneficiary or no remaining beneficiary then such amount shall be payable in accordance with the First Clearing, LLC (FCC) Self-Directed Custodial Agreement. If the asset allocation (i.e. "% of Benefits") does not equal 100%, then amounts will be distributed equally. If one of the beneficiaries in the same category should predecease the owner or disclaim benefits under this IRA, then such amount shall be payable to the sole remaining beneficiary(ies). To make modifications to this designation, complete the IRA Change of Beneficiary & Indemnification Form.

PRIMARY BENEFICIARY(IES): I designate the following to share equally in my account balance unless otherwise indicated.

Name & Address	Relationship	Date of Birth	Soc. Sec. No.	% of Benefits
1.				
2.				
3.				
4.				

Check this box if additional beneficiaries are name on a separate signed page using the same format as above.

Complete only if a Trust is named as a beneficiary: Under the Agreement of Trust executed on _____, by me as grantor, the Trustee(s) _____ serving as Successor Trustee(s) at my death shall administer and distribute the amounts to be held as part of such Trust in accordance with its provisions as amended to the time of my death.

CONTINGENT BENEFICIARY(IES): I designate the following to share equally in my account balance (unless otherwise indicated) if no primary beneficiary is living at the time of my death.

Name & Address	Relationship	Date of Birth	Soc. Sec. No.	% of Benefits
1.				
2.				
3.				
4.				

Check this box if additional beneficiaries are name on A separate signed page using the same format as above.

Complete only if a Trust is named as a beneficiary: Under the Agreement of Trust executed on _____, by me as grantor, the Trustee(s) _____ serving as Successor Trustee(s) at my death shall administer and distribute the amounts to be held as part of such Trust in accordance with its provisions as amended to the time of my death.

Sub Firm:

211

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3 Educational Savings Account (ESA) Information

RESPONSIBLE PARTY (*Individual directing this account must be a parent or guardian*)

Name:	Social Security #:	Phone:	Cell Phone:
Address (No PO Boxes):	City:	State:	Zip:
<input type="checkbox"/> Check here if an additional monthly statement should be mailed to this address.			

INDIVIDUAL ESTABLISHING THIS ACCOUNT (*Depositor – If different from Responsible Party above*)

Name:	Social Security #:	Amount of Initial Contribution \$
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SUCCESSOR BENEFICIARY (*Who inherits the assets of the ESA at the death of the original designated beneficiary*)

If you wish to designate a successor Designated Beneficiary in the event of death, the beneficiary must be a "Member of the Family" of the original Designated Beneficiary as defined by the Internal Revenue Service and outlined in the FCC Education Savings Account Custodial Agreement and must be under the age of 30 on the date of the original Designated Beneficiary's death. If the successor beneficiary does not meet these requirements, assets in the ESA will not be distributed to them upon death of the original Designated Beneficiary.

Beneficiary Name:	Social Security #:	Relationship:	Date of Birth:	Designated Percentage %
Address (No PO Boxes):	City:	State:	Zip:	Phone:

4 Per Stirpes Designation - OPTIONAL

Per Stirpes is a method of distributing the assets should a beneficiary predecease you. This designation is optional; you are not required to make this election. A per stirpes designation means that if a beneficiary named on this enrollment form dies before you, upon your death, the predeceased beneficiary's share will pass to his or her heirs. For example, if you have named 2 primary beneficiaries, Beneficiary A and Beneficiary B and they are to share equally the assets of the account. Both beneficiaries have 2 children. If you make a per stirpes designation and both beneficiaries survive you, 50% will be paid to Beneficiary A and 50% will be paid to Beneficiary B. If Beneficiary A survives you but Beneficiary B predeceases you, upon your death 50% is paid to Beneficiary A and the other 50% that would normally be paid to Beneficiary B, will be divided equally and paid to the two children of Beneficiary B. To make this election, you must designate a "Personal Representative" or a "role". A "role" is an individual serving in a specific capacity such as an Executor or Trustee. Upon your death, FCC will rely on the instructions provided by this individual for proper distribution instructions. This is a simplified example of per stirpes. It is important that you have a full understanding of your election. Check with your tax or legal advisor if you feel you need more information.

- Yes No - I elect to have the primary beneficiaries shares in this IRA per stirpes.
 Yes No - I elect to have the contingent beneficiaries shares in this IRA per stirpes.

I designate to provide First Clearing, LLC with the proper identity of any unnamed beneficiaries and the extent of their interest in the IRA identified above.

5 Certification

I, the undersigned, acknowledge I have received, read, understand, adopt and agree to be bound by the terms of this Agreement as well as the accompanying First Clearing, LLC ("FCC") Individual Retirement Account Custodial Agreement (for the type of IRA I have selected above), and the First Clearing, LLC Account Disclosures which are hereby incorporated into this Agreement.

I acknowledge that there may be fees for this account and agree to pay such fees. Administrative fees and charges assessed by First Clearing, LLC on your IRA may diminish the overall account return and could negatively affect any tax deferral benefits. Such fees and charges may particularly affect those accounts with smaller retirement savings balances. It is important that you review all applicable fees and charges relative to your account prior to establishing a First Clearing, LLC as Custodian IRA.

I certify that my social security number shown on this form is correct. By signing below, I acknowledge that I have read and understand the foregoing.

THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE ATTACHED, UNDER THE HEADER "ARBITRATION". THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS AGREEMENT.

IRA Account Holder Signature	Print Name	Date
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6 Spousal Consent - IF APPLICABLE

Spousal consent required IF you do NOT list your spouse as the Primary Beneficiary AND you live in a Community or Marital Property Jurisdictions (including but not limited to AZ, CA, ID, NV, NM, TX, WA, WI, or PR) (Note that in Alaska, community property rules may be adopted by agreement signed by married couple.)

I am the spouse of the IRA account holder named above. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I hereby agree and consent to the naming of the primary beneficiary set forth above, and along with my agreement and consent, do hereby transmute to my spouse all my community property interest in the IRA described above that I may have. I acknowledge my community property interest in the IRA account and voluntarily elect to relinquish my right to the community property in the IRA account. I also acknowledge and agree that I shall have no claim whatsoever against the custodian for any payment to my spouse's named beneficiary(ies).

Signature Of Spouse	Print Name	Date
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