



CHANGE OF BENEFICIARY DESIGNATION

Real Choice. Real Control. Real Wealth.

1. IRA PARTICIPANT INFORMATION

Name: Account #:

2a. BENEFICIARY DESIGNATION

Name: Primary Contingent
SSN: Date of Birth: Relationship: Share:

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2b. CONSENT OF SPOUSE

I consent to the above Beneficiary Designation. Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse. **Disclaimer For Community and Marital Property States:** The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, Administrator and Custodian disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal and/or tax advisor.

Printed Name of Spouse: _____

Spouse's Signature: _____ Date: _____

3. IRA PARTICIPANT SIGNATURE

This change of beneficiary designation supersedes any other previous designation. In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a Beneficiary, the Beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiary (ies) survive me, the balance in the account shall be paid to the Contingent Beneficiary (s) who survive me in equal shares (or in the specified shares, if indicated). I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

IRA Participant's Signature: _____ Date: _____

4. ACCEPTANCE

The Administrator acknowledges and accepts receipt of this Change of Beneficiary Designation.

RealTrust IRA Alternatives, LLC

By: _____ Date: _____