

Beneficiary Change Authorization

Section 1: Account Information

Plan Type

- | | | | |
|----------------------------------------------|------------------------------------------------|-------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> All UMB Accounts | <input type="checkbox"/> §403(b)(7) | <input type="checkbox"/> Personal §401(k) | <input type="checkbox"/> IRA _____ Year |
| <input type="checkbox"/> Roth IRA _____ Year | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> SARSEP IRA |
| <input type="checkbox"/> Roth §403(b) | <input type="checkbox"/> Personal Roth §401(k) | <input type="checkbox"/> §403(b) Discriminatory | <input type="checkbox"/> §457(b) Govt. |
| <input type="checkbox"/> §401(a) Govt. | <input type="checkbox"/> Other: _____ | | |

Section 2: Owner Information

First Name	Middle Name	Last Name	SSN / TIN
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Section 3: Designation of Beneficiary

At the time of my death, the primary beneficiaries named below will receive my account assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my account assets. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and a contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to the beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. If all of the beneficiaries die before me, my account assets will be paid to my estate. This designation revokes and supersedes all earlier beneficiary designations which may apply to the account.

Choose one of the following (if no selection is made, Per Capita is the default):

- Per Capita** - In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary.
- Per Stirpes** - In the event a beneficiary dies before me, such beneficiary's share will be distributed to equally to that beneficiary's issue (children, grandchildren, etc.). In the event a beneficiary dies before me without issue, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary.


Primary Share	Contingent Share	First Name of Beneficiary	Last Name of Beneficiary	Gender	Relationship	SSN / TIN	Date of Birth
%	%			<input type="checkbox"/> M <input type="checkbox"/> F			
%	%			<input type="checkbox"/> M <input type="checkbox"/> F			
%	%			<input type="checkbox"/> M <input type="checkbox"/> F			
%	%			<input type="checkbox"/> M <input type="checkbox"/> F			
%	%			<input type="checkbox"/> M <input type="checkbox"/> F			
%	%			<input type="checkbox"/> M <input type="checkbox"/> F			

SPOUSAL CONSENT (Required in §401(k) Plans and in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI) - If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary Beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public.

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 Retirement Plan, 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 Retirement Plan and consent to give the Beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spouse's Signature	Date	Print Name
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Section 4: Signature of Owner

	Owner Signature	Date	Accepted by (ADSERV, Agent for UMB, Custodian)
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MAIL to: Attn. New Business, PO Box 32427, Palm Beach Gardens, FL 33420-9974
 FAX to 561-626-6465. For questions call New Business at 561-694-0110.

