



IRA BENEFICIARY DESIGNATION CHANGE FORM

Use this form to designate the person or persons to whom your account will be paid in the event of your death. Please feel free to submit your own beneficiary designation in lieu of using this form. You may change your beneficiary designation at any time and as often as you wish. However, a designation or change of beneficiary must be in writing, signed by you, (and witnessed if required by the laws of the state of your domicile to make the designation effective) and delivered to us prior to the time of your death. If you fail to make a beneficiary designation, or if your beneficiary designation does not take effect for any reason, upon your death, your account will be paid to your estate. Designating a beneficiary has important tax consequences. Please consult your tax advisor before completing this form.

GENERAL INFORMATION

IRA Owner Name: _____ JMS Account No.: _____

Address: _____

SSN: _____ Birthdate: _____

DESIGNATION OF BENEFICIARY(IES)

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiaries of this IRA. If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary.

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 none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

If any beneficiary is a minor, please consider naming a trust or Custodian now. Otherwise, a court-appointed guardian will be required at the time of distribution.

Primary Contingent Name: _____ SSN: _____ Birthdate: _____

Address: _____ Relationship: _____ Share: _____ %

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Address: _____ Relationship: _____ Share: _____ %

If I named a Beneficiary which is a Trust, I understand I must complete the Trust Beneficiary Certification Form.

PARTICIPANT'S SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Custodian or Trustee.

Signature of Participant: **X** _____ Date: _____

CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: **X** _____ Date: _____

(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, the Trustee or Custodian disclaims 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 advisor.

ACCEPTANCE

The Custodian/Trustee acknowledges and accepts receipt of this IRA Beneficiary Designation or Change Form.

Authorized Signature/JMS as Custodian: _____