

Please complete all sections of this form. All previous designations will be deleted and replaced with the beneficiaries named on this form.

Name:	Social Security Number	Account Number:
-------	------------------------	-----------------

Designation of Beneficiary

Please enter only Primary Beneficiary(ies) in the 'Primary Beneficiary or Beneficiaries' section below. If more space is needed for additional Primary Beneficiaries, please attach another form. DO NOT enter the names of Primary Beneficiaries in the 'Contingent Beneficiary or Beneficiaries' section. Please only enter Contingent Beneficiary(ies) in the 'Contingent Beneficiary or Beneficiaries' section below.

Primary Beneficiary or Beneficiaries: Share totals must equal 100%. Do not use fractional percentages or dollar amounts

Name:	Relationship :	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	

Contingent Beneficiary or Beneficiaries: Share totals must equal 100%. Do not use fractional percentages or dollar amounts.

Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	
Name:	Relationship:	Date of Birth:	Telephone Number:	Share Percentage %
Address:		Email Address:	Social Security Number:	

Spousal Consent (For use in community or marital property states)

Note: Consent of the Account holder's (Participant) Spouse may be required (for example, in a Community Property or Marital Property State) to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Account holder has been advised to consult a legal, tax, or other professional advisor to confirm if this consent is necessary in its state. Account holder hereby indemnifies Apex Clearing Corporation from any adverse action as a result of its beneficiary designation above.

If you are not married, certify here: ☐ I Certify That I Am Not Married

Spousal Consent: Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I certify that 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 Account, I have been advised to see a tax and/or legal professional.

I hereby give the Account holder any interest I have in the funds or property deposited in this Account and consent to 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 Apex Clearing Corporation.

Signature of Spouse

Date

Signature of Witness

Date

Account Holder Authorization

I acknowledge and agree that upon my death distribution will be made to my designated beneficiaries in the following manner:

Primary Beneficiary(ies)

- Any interest I may have in this IRA account will be paid in equal proportions unless otherwise indicated to the primary beneficiary(ies) I have designated
- If the death of one or more designated Primary Beneficiary(ies) precedes my death, the interest they would have received from this IRA will be paid, upon my death, to my surviving Primary Beneficiary(ies) Pro Rata such that 100% is paid to the surviving primary beneficiary(ies).

Contingent beneficiary(ies)

- If none of my Primary Beneficiaries survives me, any interest I have in this account will be paid in equal proportions unless otherwise indicated to the Contingent Beneficiary(ies) I have designated
- If the death of one or more designated Contingent Beneficiary precedes my death, the interest they would have received from this IRA will be paid, upon my death, to my surviving Contingent Beneficiary(ies) Pro Rata such that 100% is paid to the surviving Contingent beneficiary(ies).

No Surviving Beneficiary(ies)

- If none of the Primary or Contingent beneficiaries I have designated survives me, any interest I may have in this IRA shall be paid in accordance with the rules and procedures specified in the 'Beneficiaries' section of the IRA Custodial Agreement governing this IRA.

I understand that the beneficiary(ies) designated herein may be changed or revoked by me at any time only by filing a new beneficiary designation form in writing with the custodian and my broker during my lifetime. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document. I (including my estate, heirs, spouse, successors in interest, and all Beneficiaries named herein) shall indemnify and hold harmless Apex (and affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs and liabilities, including attorneys' fees, by person or entity arising out of or relating to this account registration and transfers hereunder.

Signature of Account Holder

Date