

BENEFICIARY DESIGNATION

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death. All fields are required to avoid a delay in your request.

SECTION 1 YOUR PROFILE INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (MM/DD/YYYY)	<input type="radio"/> Single <input type="radio"/> Married
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address*	IPX Account Number (if known)

* By providing your email address, you consent to receiving all investment related, all account related notifications via email. If no email is provided communications will be sent via USPS. Participant's consent will be in effect until revoked. Participant may request at no cost written copies of any electronically delivered documents and/or may revoke his/her consent to electronic delivery by logging into his/her account. Please refer to the E-Communication Consent Disclosure.

SECTION 2 YOUR BENEFICIARY DESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information.

<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>		
Beneficiary's Name (First, Middle, Last) or Entity Name			
<input type="text"/>	<input type="text"/>		
Address (Street Address only. P.O. Boxes not accepted)			
<input type="text"/>	Apartment/Suite		
<input type="text"/>	<input type="text"/>		
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Phone Number	Evening Phone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	Percentage Share %	Relationship to Participant

<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>		
Beneficiary's Name (First, Middle, Last) or Entity Name			
<input type="text"/>	<input type="text"/>		
Address (Street Address only. P.O. Boxes not accepted)			
<input type="text"/>	Apartment/Suite		
<input type="text"/>	<input type="text"/>		
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Phone Number	Evening Phone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	Percentage Share %	Relationship to Participant

<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>		
Beneficiary's Name (First, Middle, Last) or Entity Name			
<input type="text"/>	<input type="text"/>		
Address (Street Address only. P.O. Boxes not accepted)			
<input type="text"/>	Apartment/Suite		
<input type="text"/>	<input type="text"/>		
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Phone Number	Evening Phone Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Social Security Number	Percentage Share %	Relationship to Participant

Primary Contingent

Beneficiary's Name (First, Middle, Last) or Entity Name

Address (Street Address only. P.O. Boxes not accepted) Apartment/Suite

City State Zip

Daytime Phone Number Evening Phone Number Email Address

Date of Birth (MM/DD/YYYY) Social Security Number Percentage Share Relationship to Participant

Primary Contingent

Beneficiary's Name (First, Middle, Last) or Entity Name

Address (Street Address only. P.O. Boxes not accepted) Apartment/Suite

City State Zip

Daytime Phone Number Evening Phone Number Email Address

Date of Birth (MM/DD/YYYY) Social Security Number Percentage Share Relationship to Participant

Primary Contingent

Beneficiary's Name (First, Middle, Last) or Entity Name

Address (Street Address only. P.O. Boxes not accepted) Apartment/Suite

City State Zip

Daytime Phone Number Evening Phone Number Email Address

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Primary Contingent

Beneficiary's Name (First, Middle, Last) or Entity Name

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City State Zip

Daytime Phone Number Evening Phone Number Email Address

Date of Birth (MM/DD/YYYY) Social Security Number Percentage Share Relationship to Participant

SECTION 3 SIGNATURE & ACCEPTANCE

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the Plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate. I understand that I may change or revoke this designation at any time my account is with IPX. This Beneficiary Form will revoke any prior beneficiary designations made for this account. If I did not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

Signature of Account Owner/Participant (or other authorized person)

Date (MM/DD/YYYY)