

Participant Information			IRA Plan Number
Participant's Name			Social Security Number
Address			
City	State	Zip Code	Date of Birth

I hereby revoke all prior designations (if any) of any Beneficiary (ies) of my Individual Retirement Account Plan listed above, and I hereby designate the following as my Beneficiary (ies).

Primary Beneficiaries (You may designate one or more Primary Beneficiaries)

1. Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Percent _____

2. Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Percent _____

Contingent Beneficiaries (You may designate one or more Contingent Beneficiaries)

1. Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Percent _____

2. Name _____	Social Security Number _____
Address _____	Date of Birth _____
_____	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Percent _____

Additional Primary and/or Contingent Beneficiaries have been designated on the attached "Additional Beneficiaries Form".

Spousal Consent (For residents of community property states)

This section must be used when a Primary Beneficiary other than the Participant's spouse is named. Individuals should consult with a legal advisor before signing this section.

I am the spouse of the Participant. I hereby consent to the beneficiary designation made above. I understand that by giving this consent I am giving up any interest I have in the funds deposited in this IRA. I did not receive any tax or legal advice from the Bank.

Signature of Spouse _____ Date _____

Signature of Witness _____ Date _____

I understand that all beneficiary designations are subject to the provisions of the Bank's Prototype Plan for Individual Retirement Accounts (the "Plan"). Under the Plan, if a Primary Beneficiary does not survive the Participant, that Primary Beneficiary's share is allocated in equal shares among the surviving Primary Beneficiaries. If no Primary Beneficiary survives the Participant, payment is made to the Contingent Beneficiaries. If a Contingent Beneficiary does not survive the Participant, that Contingent Beneficiary's share is allocated in equal shares among the surviving Contingent Beneficiaries. If the Participant does not designate the relative shares of multiple Primary Beneficiaries or Contingent Beneficiaries the Primary or Contingent Beneficiaries each will receive an equal share of the IRA. If the Participant does not designate any beneficiary, the entire balance in the IRA will be paid to the Participant's Spouse, and if no spouse, his/her estate. No beneficiary designation will be effective unless it is made in writing, on the appropriate Bank form, and is executed and delivered to Bank of America prior to the death of the Participant.

Participant's Signature _____ Date _____

Bank Information	
Date _____	Banking Center Name <u>Deposit Product Services</u>
Associate's Phone Number _____	Associate's Name _____