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SOUTHWEST SECURITIES
Member of SWS Group

Southwest Securities, Inc. and/or Broker/Dealers for which it clears
Southwest Securities, Inc. Member NYSE/NASD/SIPC

IRA Change of Beneficiary Form

1. Account Information.

SWS Account # : _____ Date: _____

Name: _____ Social Security # : _____

2. Beneficiary Designation.

Name and Address	Birth Date	Social Security #*	Relationship	Beneficiary Type*	Share %*
				❑ Primary ❑ Contingent	_____%
				❑ Primary ❑ Contingent	_____%
				❑ Primary ❑ Contingent	_____%
				❑ Primary ❑ Contingent	_____%
				❑ Primary ❑ Contingent	_____%

***Note:** Beneficiaries must have a social security number. In the event of your death, the Primary Beneficiaries will receive the proceeds of your IRA in equal shares or in the specified Share %, if indicated. If no Primary Beneficiary survives you, the Contingent Beneficiaries will receive the proceeds of your IRA in equal shares or in the specified Share %, if indicated. If the Beneficiary Type box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If no beneficiary is listed, the balance in the account shall be paid to your estate. The total % of all Primary Beneficiaries must equal 100%; the total % of all Contingent Beneficiaries, if designated should also equal 100%.

3. Spousal Consent. *(Required if participant's spouse is not designated as the sole primary beneficiary.)*

As the spouse of the participant in the above-named Plan, I acknowledge that I understand my rights to be named the Primary Beneficiary of my spouse's account balance. I hereby consent to the designation made by my spouse to have the death benefit paid to the beneficiary(ies) named on my spouse's most current Beneficiary Designation instead of to me. I further acknowledge that I understand that the effect of my consent may be to forfeit benefits which I would be entitled to receive upon my spouse's death; that my spouse may not name a non-spouse beneficiary unless I consent to it; that the trustees may or may not permit me to revoke my consent to waiver at a later date; and that my spouse may not change beneficiary(ies) to anyone other than myself without my consent.

X_____

Spouse's Signature **(Required if not sole primary beneficiary.)** Date

4. Agreement.

I state that:

1. All previous designation(s) of beneficiary(ies), with respect to the above designated Individual Retirement Account, are hereby revoked.
2. The individual(s) listed above are hereby designated as beneficiary(ies) of the above designated Individual Retirement Account.
3. I understand this Change of Beneficiary will be effective on the date of receipt by Southwest Securities, Inc. and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease.
4. I retain the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written communication to Southwest Securities, Inc. / 1201 Elm Street, Suite 3500 / Dallas, TX 75270.

X_____

Applicant's Signature Date

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X_____

Approval Signature Date

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