

Beneficiary Designation Form

Please complete the information on this form to update beneficiaries on your account.

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1. ACCOUNT INFORMATION

Your Name:	Account Number:
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I designate the following person(s) named below as my Primary and/or Contingent Beneficiaries of my plan. In the event of my death, the balance in the account shall be paid to the primary Beneficiaries who survive me in the specified shares, as 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 the specified shares, as 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 Contingent Beneficiary shall be increased on a pro rata basis. If no Primary or Contingent Beneficiary survives me, the remaining balance in the account shall be distributed in accordance with the plan provisions to my estate.

2. Beneficiary Information

1. Primary Contingent Check if address is the same as accountholder

Name: _____ SSN: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Relationship: _____ Share Percentage: _____

2. Primary Contingent Check if address is the same as accountholder

Name: _____ SSN: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Relationship: _____ Share Percentage: _____

3. Primary Contingent Check if address is the same as accountholder

Name: _____ SSN: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Relationship: _____ Share Percentage: _____

Spousal Consent (this section is only required if your spouse is not the primary beneficiary)

Please have your spouse sign this section if your spouse is not the primary beneficiary and all of these conditions apply:

- A. Your spouse is living;
- B. Your spouse is not the sole primary beneficiary named and;
- C. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA or WI).

I, the spouse of the account holder listed above, certify that I have reviewed the Beneficiary Designation and I am aware

that I have a property interest in the account. I consent to the above designation of beneficiaries, other than myself as primary beneficiary. I also understand that, by signing this, I am giving up part or all of my rights to receive benefits under this plan in the event my spouse dies.

I, _____, hereby agree to the Beneficiary Designation listed above.

Signature of SPOUSE: _____ Date: _____

Note: Due to the important legal and/or tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor. American IRA, LLC disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as the ownership of the account in the event of the spouse and/or participants death.

I understand that I may change or add beneficiaries at any time by completeing and returning the Beneficiary Designation Form to American IRA.



Signature of Participant: _____ Date: _____