

1. Participant Details

Participant Name

Account No.

2. Beneficiary Designations

(Note: These beneficiary designations take precedence over beneficiaries designated in your Will or Trust. Add a separate sheet to add more beneficiaries. The total percentages for PRIMARY and CONTINGENT beneficiaries should EACH total 100%.)

Beneficiary 1

SSN

Date of Birth

Relationship

Share% PRIMARY
 CONTINGENT

Beneficiary 2

SSN

Date of Birth

Relationship

Share% PRIMARY
 CONTINGENT

Beneficiary 3

SSN

Date of Birth

Relationship

Share% PRIMARY
 CONTINGENT

ORIGINAL FORM REQUIRED

3. Spousal Consent

Spousal consent is required if either the trust or the residence of the IRA owner is located in a community or marital property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI).

Current Marital Status

- I Am Not Married - I understand that if I become married in the future, I should review the requirements for spousal consent.
- I Am Married - I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

I consent to these Beneficiary Designations.

Disclaimer for community and marital property states: The participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, administrator and custodian disclaim any warranty as to the effectiveness of the participant's beneficiary designation or as to the ownership of the account after the death of the participant's spouse. For additional information, please consult your legal and/or tax advisor.

Spouse's Name

Spouse's Signature

Date

4. Participant Signature

This change of beneficiary designation supersedes any other previous designation. In the event of my death, the balance in the account shall be paid to the primary beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the primary or contingent beneficiary box is not checked for a beneficiary, the beneficiary will be deemed a primary beneficiary. If none of the primary beneficiary(ies) survive me, the balance in the account shall be paid to the contingent beneficiary(ies) who survive me in equal shares (or in the specified shares, if indicated). I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

Participant's Signature

Date

CamaPlan Use Only

Acceptance

The Administrator acknowledges and accepts receipt of this Change of Beneficiary Designation.

Cama Self-Directed IRA, LLC

By

Date

, its Authorized Signatory