

Beneficiary Designation Form

1. YOUR INFORMATION

Your Name:	New Direction Account Number:
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2. WHO ARE YOUR BENEFICIARIES?

If the Primary or Contingent box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. 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, 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 equal shares (or 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 or 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.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:
Address:	City:	State: Zip:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:
Address:	City:	State: Zip:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Relationship:
Address:	City:	State: Zip:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Share:

3. YOUR SIGNATURE

I understand that I may change or add beneficiaries at any time by completing and delivering this form to the Administrator.

Signature: _____ Date: _____