

INVESTOR BENEFICIARY DESIGNATION FORM

Investor Information

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Financial Institution Holding CASH Account: _____

Beneficiary Information

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to Investor: _____

Co-beneficiary(ies):

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to Investor: _____

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Relationship to Investor: _____

Investor Certification

In the event of my death, I designate the person listed above as my beneficiary to receive all the assets in my CASH account and I authorize IHS and the financial institution holding my CASH account to initiate and complete a transfer of my CASH assets to the control of my beneficiary.

This beneficiary designation shall remain in effect unless and until such time as I provide written and signed notification to IHS of a change in my beneficiary designation.

Name: _____

Signature: _____ Date: _____

Witness: _____

Signature: _____ Date: _____