

IRA Beneficiary Addition/Change Form

For Traditional, Roth, SEP, and SIMPLE IRAs

IMPORTANT NOTICE: This designation will not be in force unless it is signed and received by the Custodian, at one of the addresses above, before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available on our website, or may be requested by calling our investor services department. Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Please complete all sections as appropriate, and sign and return the form to one of the addresses below.

1 Investor Information

FULL NAME			SOCIAL SECURITY NUMBER		
ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)	ACCOUNT NUMBER(S)

2 Beneficiary Designation

All beneficiaries must be named, as the Custodian cannot properly determine beneficiaries such as "children" or "spouse".

I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my Retirement Account(s) (IRA) upon my death:

Primary (If you need more space, please continue on the back of the form.)

NAME	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary (If you need more space, please continue on the back of the form.)

NAME	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

SIGNATURE OF SPOUSE	DATE
---------------------	------

3 Signature

I have read and understand the Eagle Family of Funds Custodial Account Agreement. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

GRANTOR / SHAREHOLDER SIGNATURE	DATE (MM/DD/YYYY)
---------------------------------	-------------------

Regular Mail:
Eagle Family of Funds
c/o U.S. Bancorp Fund Services, L.L.C
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery:
Eagle Family of Funds
c/o U.S. Bancorp Fund Services, L.L.C
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207