

RETIREMENT ACCOUNT BENEFICIARY DESIGNATION FORM



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MAIN (800) 955-9988
FAX (303) 534-5627
info@sheltoncap.com

INVESTOR INFORMATION

Full Name _____ Social Security Number _____
Street Address (no P.O. Box) _____
City _____ State _____ Zip Code _____

BENEFICIARY(IES) (Attach a sheet to designate additional beneficiaries)

Name _____ (_____ %) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Street Address _____ Relationship _____ City _____ State _____ Zip Code _____ Social Security Number _____ Birthdate _____ (_____) Daytime Phone _____ Email _____	Name _____ (_____ %) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Street Address _____ Relationship _____ City _____ State _____ Zip Code _____ Social Security Number _____ Birthdate _____ (_____) Daytime Phone _____ Email _____
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Spousal Consent (Required if your spouse is not named as sole primary beneficiary and you reside in a community or marital property state. You should consult with your own legal or tax adviser to determine if spousal consent is required.)

I am the spouse for the above-named IRA account owner. I acknowledge that a designation of a non-spouse beneficiary may not be effective in my state without my consent. I hereby consent to the beneficiary designation(s) stated above.

Signature of Spouse _____ Date _____

PLEASE UPDATE BENEFICIARY INFORMATION FOR:

- All retirement accounts for this tax ID/Social Security number
- Only the following accounts (List all that apply)

SIGNATURE

This is your authorization and instruction to maintain these people as beneficiaries until otherwise instructed. If you have any questions, please call Shelton Capital Management at (800) 955-9988.

Signature of Owner _____ Date _____