



BENEFICIARY FORM

PLEASE COMPLETE THE FOLLOWING FORM

Social Security Number Last Name First Name MI Married Unmarried

Mailing Address

City State Zip Code Daytime Telephone Birth Date Partnership Date

DESIGNATION OF BENEFICIARY

Designate the beneficiary(ies) who will receive your GenXchange Investment Club capital account if you die. If you are married, your spouse is automatically your beneficiary. **If you are married and want to name someone other than your spouse as sole primary beneficiary, your spouse must give his or her notarized consent to this designation.** If you marry while still an active member of GenXchange Investment Club, your spouse automatically becomes your beneficiary. Failure to obtain spousal consent, if required, renders this designation invalid.

In accordance with the provisions of this form, you hereby revoke any previous designation of beneficiary(ies) for the capital account and designate the following as beneficiary(ies) of any and all amounts payable in your capital account by reason of your death.

Primary Beneficiary(ies):

First Name Middle Initial Last Name Primary Beneficiary's Social Security Number Percentage of Benefit

First Name Middle Initial Last Name Primary Beneficiary's Social Security Number Percentage of Benefit

Secondary Beneficiary(ies):

First Name Middle Initial Last Name Secondary Beneficiary's Social Security Number Percentage of Benefit

First Name Middle Initial Last Name Secondary Beneficiary's Social Security Number Percentage of Benefit

Check this box if you attached additional beneficiaries on a separate page with the percentage you would like these additional beneficiaries to receive. Clearly distinguish between primary and secondary beneficiaries. You must sign the separate page, have it witnessed. If married, your spouse's notarized consent, if your spouse is not your sole primary beneficiary.

Participant's Signature Participant's Name Date

Witness' Signature Witness' Name Date

Spouse's consent: I, the spouse of the participant named above, do hereby approve and consent to the foregoing designation of beneficiary. Further, I acknowledge (1) that the effect of this consent is that the beneficiary(ies) named above will receive any death benefits payable from the GenXchange capital account, and I have waived my rights to benefits in the event of my spouse's death; (2) that this beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse changes this designation.

Spouse's Signature Date

Witness by Notary Date