

"For Office Use Only: Rec'd by _____ on _____, 20__"

1 GENERAL INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta IRA Account Number _____
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2 BENEFICIARIES (If Trust, please provide first and last pages of Trust)

Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip
Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip
Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip
Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip

Account Owner Signature

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, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. 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, if indicated). If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

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

Signature of Participant: _____ **Date:** _____

Spousal Consent (only required if your spouse is not the primary beneficiary - see note below).

- The consent of spouse must be signed only if all of the following conditions are present:
- a. Your spouse is living;
 - b. Your spouse is not the sole primary beneficiary name and;
 - c. You and your spouse are residents of a community property state (such as AZ, CA, ID, LA, NM, NV, TX, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the *Designation of Beneficiary* form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above Designation of beneficiary other than or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature: _____ **Date:** _____