FIRSTRADE®
FIRSTRADE SECURITIES INC.
133-25 37th Ave. Flushing, NY 11354
Member NASD / SIPC

RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM

ACCOUNT INFORMATION

RETIREMENT ACCOUNT NUMBER	ACCOUNT TYPE	
ACCOUNT HOLDER'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS		
CITY, STATE, ZIP	PHONE NUMBER	

DESIGNATION OF BENEFICIARY

The following individual(s) shall be my beneficiary(ies). In the event of my death, pay any interest I may have in my Custodial Retirement Account in equal proportions unless otherwise indicated to the following Primary Beneficiary or Beneficiaries:

PRIMARY BENEFICIARY OR BENEFICAIRIES

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
ADDRESS			SOCIAL SECURITY NUMBER
NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
ADDRESS			SOCIAL SECURITY NUMBER

If none of the above-named Primary Beneficiaries survives me, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following alternate Beneficiary or Beneficiaries or the survivor(s) thereof:

ALTERNATE BENEFICIARY OR BENEFICAIRIES

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
ADDRESS			SOCIAL SECURITY NUMBER
NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
ADDRESS			SOCIAL SECURITY NUMBER

SPOUSAL CONSENT (For use in community or marital property states)

Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am the spouse of the above named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional.

I hereby give the account holder any interest I have in the funds or property deposited in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Ridge Clearing or Firstrade.

_____ _____
Signature of Spouse Date

_____ _____
Signature of Witness Date

I understand that the beneficiaries named herein may be changed or revoked by me at any time by filing a new designation in writing with the custodian.

_____ _____
Signature of Participant Date