



PLEASE PRINT ALL ITEMS CLEARLY

This form may be used to add or change a beneficiary designation on your Individual Retirement Account (IRA).

Mail To: IVA Funds
P.O. Box 8077
Boston, MA 02266-8077

Overnight Mail To: IVA Funds
c/o Boston Financial Data Services
30 Dan Road
Canton, MA 02021

For more information, call 1-866-941-4482 or visit the Funds' website at www.ivafunds.com.

1. [Symbol]

Form for beneficiary information including fields for First Name, MI, Last Name, Suffix, Social Security Number, Date of Birth, Street Number, Street Name, Apt. # / Suite, P.O. Box, City, State, Zip Code, Telephone Number, and IRA Account Number.

2. D-[Symbol]

Please note that the percentages of designation(s) must total 100%. If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When a percentage is not indicated, the beneficiaries' shares will be divided equally. Attach a separate sheet to make additional beneficiary designations.

I designate the individual(s) named below the Beneficiary(ies) of my IRA Account above. I revoke all prior IRA Beneficiary designations, if any, made by me for these assets. I understand that I may change or add Beneficiaries at any time by written notice to the Custodian. If I am survived by any Beneficiary, my Beneficiary shall be my estate.

Primary Beneficiary 1:

Form for Primary Beneficiary 1 including fields for First Name, MI, Last Name, Suffix, Relationship, Date of Birth, Proportion (%), Street Number, Street Name, Apt. # / Suite, P.O. Box, City, State, and Zip Code.

Primary Beneficiary 2:

Form for Primary Beneficiary 2 including fields for First Name, MI, Last Name, Suffix, Relationship, Date of Birth, Proportion (%), Street Number, Street Name, Apt. # / Suite, P.O. Box, City, State, and Zip Code.

**Contingent Beneficiary 1:**

Contingent Beneficiary(ies) will only receive the account if the Primary Beneficiary(ies) predeceases the account owner. Please list any other Contingent Beneficiary(ies) on a separate page.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	

**Contingent Beneficiary 2:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	Date of Birth (MM/DD/YYYY)		Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Apt. # / Suite	P.O. Box
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	

**3. SPOUSAL CONSENT**

**IMPORTANT:** This Beneficiary Designation may have important tax or estate planning effects. Also, if you are married and reside in a community property or marital property state (e.g., **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin**), you may need to obtain your spouse’s consent if you have not designated your spouse as primary beneficiary for at least half of your Account(s). Consult legal counsel or a tax advisor for additional information and advice.

This section should be reviewed if you are married and designate a beneficiary other than your spouse. It is your responsibility to determine if this section applies. State Street Bank and Trust Company, IVA Funds, Boston Financial Data Services, Inc., and any affiliate and/or any of their directors, trustees, employees, and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

I am the spouse of the above-named IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse’s property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to consult legal counsel or a tax advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Boston Financial Data Services, Inc. or IVA Funds.

<input type="text"/>	<input type="text"/>
Signature of Spouse	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Signature of Witness for Spouse	Date (MM/DD/YYYY)

**4. SIGNATURE & AUTHORIZATION**

For the account(s) listed above, I designate the individuals listed as beneficiary(ies). I revoke all prior designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time by written notice to the Custodian. If I am not survived by any designated beneficiary(ies), then the account proceeds will be distributed in accordance with the terms of the applicable retirement account agreement.

<input type="text"/>	<input type="text"/>
Signature of Account Owner	Date (MM/DD/YYYY)