



IRA Beneficiary Addition/Change Form

For Traditional, Roth, SEP, and SIMPLE IRAs

FOR ADDITIONAL INFORMATION PLEASE CALL TOLL FREE 1-800-241-9772

MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

OVERNIGHT MAIL TO: MONETTA FUNDS

c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., Floor 3
Milwaukee, WI 53202-5207

>>IMPORTANT NOTICE: This designation will not be in force unless it is signed and received by the custodian, at one of the addresses above, before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling 1-800-241-9772.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Please complete all sections as appropriate, including the name of the fund you own. Sign and return the form to one of the addresses above.

1 INVESTOR INFORMATION

<input type="text"/>		<input type="text" value="XXX-XX"/>
FULL NAME		SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER(S)		

2 BENEFICIARY DESIGNATION

All beneficiaries must be named, as the Custodian cannot properly determine beneficiaries such as "children" or "spouse".

I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my Retirement Account(s) (IRA) upon my death:

PRIMARY: (IF YOU NEED MORE SPECE, PLEASE CONTINUE ON THE BACK OF THIS PAGE.)

<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP
<input type="text"/>	<input type="text"/>
STREET ADDRESS	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>
CITY	DATE OF BIRTH
<input type="text"/>	<input type="text"/>
STATE	%
<input type="text"/>	<input type="text"/>
ZIP CODE	

SECONDARY: (IF YOU NEED MORE SPECE, PLEASE CONTINUE ON THE BACK OF THIS PAGE.)

<input type="text"/>	<input type="text"/>
NAME	RELATIONSHIP
<input type="text"/>	<input type="text"/>
STREET ADDRESS	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>
CITY	DATE OF BIRTH
<input type="text"/>	<input type="text"/>
STATE	%
<input type="text"/>	<input type="text"/>
ZIP CODE	

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

<input type="text" value="X"/>	<input type="text"/>
SIGNATURE OF SPOUSE	DATE

ADDITIONAL BENEFICIARIES

ADDITIONAL BENEFICIARIES

NAME

STREET ADDRESS

CITY

STATE

RELATIONSHIP

SOCIAL SECURITY NUMBER

ZIP CODE

DATE OF BIRTH

%

ADDITIONAL BENEFICIARIES

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STREET ADDRESS

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ADDITIONAL BENEFICIARIES

NAME

STREET ADDRESS

CITY

STATE

RELATIONSHIP

SOCIAL SECURITY NUMBER

ZIP CODE

DATE OF BIRTH

%

3 SIGNATURE

I have read and understand the Disclosure Statement and Custodial Account Agreement. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

GRANTOR / SHAREHOLDER SIGNATURE

DATE: (MM/DD/YYYY)

3 SIGNATURE(S) (Cont'd)

I have read and understand the Disclosure Statement and Custodial Account Agreement. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

✓ Under penalty of perjury, I certify that

- (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from FATCA reporting.

(Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends)

*The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES:

NAME OF SPOUSE (PRINT)

SIGNATURE OF SPOUSE:

DATE: (MM/DD/YYYY)

SIGNATURE GUARANTEE STAMP

DATE: (MM/DD/YYYY)

*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustees must sign, or (4) a corporation or other entity, an authorized signer must sign.

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws