



IVA Funds IRA Beneficiary Designation Form

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 219061
Kansas City, MO 64121-9061

Overnight Mail To: IVA Funds
430 W 7th Street
STE 219061
Kansas City, MO 64105-1407

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

1. SHAREHOLDER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>		
Social Security Number	Date of Birth (mm/dd/yyyy)		
<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	
<input type="text"/>	<input type="text"/>		
Telephone Number	IRA Account Number		

2. DESIGNATION OF BENEFICIARY(IES)

Please note that the percentages of designation(s) below 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. If any Primary Beneficiary predeceases me, his or her share is to be divided among the Primary Beneficiary(ies) who survives me in the relative percentages assigned to each surviving Primary Beneficiary(ies) unless the box "Per Stirpes" is checked below.

Per Stirpes means if a beneficiary is deceased, their percentage is allocated equally to his or her descendants.

Primary Beneficiaries

I designate the individual(s) named below as Primary Beneficiary(ies) to receive payment of the balance of my IRA account above upon my death. Please list any other Primary Beneficiary(ies) on a separate page.

Per Stirpes

Name	Percentages of Designation(s)	Date of Birth (or Date of Trust) (mm/dd/yyyy)	Social Security Number	Relationship
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			

Contingent Beneficiaries

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.

Per Stirpes

Name	Percentages of Designation(s)	Date of Birth (or Date of Trust) (mm/dd/yyyy)	Social Security Number	Relationship
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			

3. SPOUSAL CONSENT

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. 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. UMB Bank, N.A., IVA Funds, DST Asset Manager Solutions, 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, DST Asset Manager Solutions, Inc. or IVA Funds.

Signature of Spouse

Date (mm/dd/yyyy)

Signature of Witness for Spouse

Date (mm/dd/yyyy)

4. SIGNATURE & AUTHORIZATION

I hereby make the above beneficiary designations for the above IRA account in accordance with the UMB Bank, N.A. Universal Individual Retirement Account Custodial Agreement. 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.

Signature of Account Owner

Date (mm/dd/yyyy)