



IRA Change of Beneficiary Form

PO Box 2209 ■ Omaha, NE 68103-2760

Fax: 816-243-3769

1. Account Owner Information

Check here if new address.

Account Number: 874075762 - SEP IRA
 Print Name (First, Middle Initial, Last, Suffix): WILLIAM L. BAHN Social Security Number/Tax ID: 523-19-4251
 Street Address (No PO Boxes): 13199 ANDIRON WAY Phone: (719) 532-0186
 City: LARKSPUR State/Province: CO Zip/Postal Code: 80118-6612 Country: U.S.A.

2. Designation of Beneficiary

You must designate at least one (1) primary beneficiary. If you select co-primary beneficiaries, indicate the percentage of your account you are designating to each. If a primary beneficiary dies prior to the Account Owner, the remaining portion shall be payable proportionately to any surviving primary beneficiaries. You may also designate contingent beneficiaries in the event that your primary beneficiaries do not outlive you. In the event that TD AMERITRADE Clearing, Inc. is unable to identify the beneficiaries from the documents provided, the Custodial Agreement will control.

State IRA and Trust law may vary as to the legality of IRA beneficiaries naming beneficiaries to their inherited account. Please consult a qualified tax advisor or attorney regarding the applicable IRA and Trust laws for your state of residence. TD AMERITRADE Clearing, Inc. is not liable for any tax or legal consequences as a result of designating a beneficiary on an inherited IRA account.

Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries. If primary or contingent is not marked, then the beneficiary will be deemed primary. If percentages are not indicated, then they will be deemed equal shares.

Subject to the condition(s) set forth in this section, I designate the following as the beneficiary(ies) of my IRA:

Designate Your Beneficiary(ies)

Name and Address	Birth Date OR U.S. Social Security/Tax ID Number	Relationship	Type of Beneficiary	Share %
<u>PHOEBE CHIEN (SHIH-YI CHIEN)</u> <u>No 218 SHIH TA RD, TAIPEI, TAIWAN ROC</u>	<u>06 MAR 1974</u>	<u>SPOUSE</u>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<u>100</u>

Name and Address	Birth Date OR U.S. Social Security/Tax ID Number	Relationship	Type of Beneficiary	Share %
<u>KATHRYN A. BAHN</u> <u>3691 S. MARSHALL WAY, DENVER, CO 80235</u>	<u>08 JUL 1944</u>	<u>STEPMOTHER</u>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	<u>100</u>

Name and Address	Birth Date OR U.S. Social Security/Tax ID Number	Relationship	Type of Beneficiary	Share %
_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____

Name and Address	Birth Date OR U.S. Social Security/Tax ID Number	Relationship	Type of Beneficiary	Share %
_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____

Primary Beneficiary(ies) Total Percentage: 100 (Must total 100%)
 Contingent Beneficiary(ies) Total Percentage: 100 (Must total 100%)

This section should be reviewed if the residence of the account holder is located in a community property or marital property state and the account holder is married and is not naming their spouse as sole primary beneficiary. 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 account holder. I consent to the named beneficiaries other than or in addition to myself. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse: N/A - SPOUSE IS SOLE PRIMARY BENEFICIARY Date: N/A

3. Signature

The undersigned Account Owner hereby states that all previous designation(s) of beneficiary(ies), with respect to the above designated IRA, are hereby revoked. Account Owner understands that this Change of Beneficiary will be effective on the date of receipt by TD AMERITRADE Clearing, Inc., and that, upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit under this account shall cease. Account Owner retains the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by written communication to: TD AMERITRADE, Inc., 1005 North Ameritrade Place, Bellevue, NE 68005.

Signature of Account Owner: [Signature] Date: 01 MAR 09

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1. Account Owner Information

Check here if new address.

Account Number: 788472154 - INDIVIDUAL 401K
 Print Name (First, Middle Initial, Last, Suffix): WILLIAM L. BAHN Social Security Number/Tax ID: 523-19-4251
 Street Address (No PO Boxes): 13199 ANDIRON WAY Phone: (719) 532-0186
 City: LARKSPUR State/Province: CO Zip/Postal Code: 80118-6612 Country: U.S.A.

2. Designation of Beneficiary

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Designate Your Beneficiary(ies)

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<u>KATHRYN A. BAHN</u> <u>3691 S. MARSHALL WAY, DENVER, CO 80235</u>	<u>08 JUL 1944</u>	<u>STEPMOTHER</u>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	<u>100</u>

Name and Address	Birth Date OR U.S. Social Security/Tax ID Number	Relationship	Type of Beneficiary	Share %
_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____

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_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____

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Signature of Spouse: N/A - SPOUSE IS SOLE PRIMARY BENEFICIARY Date: N/A

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Signature of Account Owner: [Signature] Date: 01 MAR 09

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