



IRA Beneficiary Designation Form

Section 1 - Current Account Information: (Please print)

Account Owner Name

Residential Address

Daytime Phone Number

Account Number

Section 2 – Beneficiary Designation

As Depositor, I hereby make the following designation of beneficiary in accordance with the State Street Bank and Trust Company Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for Beneficiaries must total 100%. If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

Note: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary (ies) named below at any time by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire Account.

Primary Beneficiary (ies):

Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

Alternate Beneficiary (ies):

Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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*Percentages or proportions for Beneficiaries must total 100%.

IMPORTANT: This Designation of Beneficiary may have important tax or estate planning effects. If you cannot accomplish your estate planning objectives by using this Part 4 to designate your beneficiary(ies) (for example, if you wish to provide that the surviving children of a beneficiary who predeceases you should take that beneficiary's share by right of representation), you may submit another form of written beneficiary designation to the Custodian. Also, if you are married and reside in a community property or marital property state (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. See your lawyer or other tax professional for additional information and advice

Section 3 – Spousal Consent

This section should be reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor are liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.

I am the spouse of the above-named Depositor. 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 see a tax professional or legal 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 or Sponsor.

Signature of Spouse

Signature of Witness for Spouse

Section 4 - Signatures and Authorization

For the account listed above, I designate the listed beneficiaries above. I revoke all prior 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 signing on behalf of the account owner, please include your designated title and a signature guarantee*).

A **Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. A Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is **not** acceptable.

Signature of Account Holder

Date

Title (if acting on behalf of the Account Owner)

Affix Signature Guarantee stamp.

Please return the completed form to the address below:

Regular mail:

Sequoia Fund
P.O. Box 219477
Kansas City, MO 64105-1307

Overnight:

Sequoia Fund
c/o SS&C GIDS, Inc.
801 Pennsylvania Ave, Ste. 219477
Kansas City, MO 64105-1307

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at (800) 686-6884.