JENSEN
INVESTMENT
MANAGEMENT®

IRA Beneficiary Addition / Change Form

For Traditional, Roth, SEP, and SIMPLE IRAs

Mail to: U.S. Bancorp Fund Services, LLC
ATTN: Account Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: U.S. Bancorp Fund Services, LLC
ATTN: Account Services
615 E. Michigan St. FL 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 the toll-free number on your statement.

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.

Directions 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

One form per person, please.

_____ _____
FULL NAME SOCIAL SECURITY NUMBER

_____
MUTUAL FUND FAMILY NAME

_____ _____ _____
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 space, please continue on the back of the form.)*

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Secondary *(If you need more space, please continue on the back of the form.)*

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

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.

X_____ _____
SIGNATURE OF SPOUSE DATE

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'S SIGNATURE DATE (Mo / Dy / Yr)