



Monetta
mutual funds

Monetta Mutual Funds

Beneficiary Change Form for IRA Accounts**

Mail To:

Monetta Funds
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To:

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

Name of IRA Shareholder: _____

Fund & Account Number: _____

I hereby revoke all my prior Designations of Beneficiary and designate the following as my Beneficiary(ies) under my Monetta Individual Retirement Account (IRA):

Primary Beneficiary:

Name: _____ Relationship: _____

Street Address: _____ Social Security No.: _____

City: _____ State: _____ Zip Code: _____ Birth Date: _____

Secondary Beneficiary:

Name: _____ Relationship: _____

Street Address: _____ Social Security No.: _____

City: _____ State: _____ Zip Code: _____ Birth Date: _____

Signatures:

Signature of Shareholder: _____ Date: _____

SPOUSAL CONSENT (if applicable)

As the spouse of the Shareholder, I consent to the Beneficiary Designation made above (or on the attached sheet, if any) and acknowledge that by doing so I am waiving my right (if applicable) to be the sole Primary Beneficiary of any death benefits due.

Signatures:

Name of Spouse (Print) _____ Signature of Spouse: _____ Date: _____

Subscribed before me this _____ day of _____, 20 ____ .

_____ Notary Public, _____ County,

My Commission (expires): _____ .

1. Unless otherwise provided above, (a) every payment under my IRA by reason of my death shall be made to my Beneficiary if he or she is living at the time such payment becomes due; and (b) if there is no designated Beneficiary living at the time any such payment becomes due, the payment shall be made to my estate.
2. A Beneficiary designation shall be valid only if dated and signed by me and filled with the Custodian under the Plan before my death.
3. The terms, provisions and limitations of the IRA plan and Custodial Agreement, as amended from time to time, are controlling over these General Provisions and shall always govern all right of myself, my Beneficiaries and all persons claiming under, by or through them, or any of them.

**** One Beneficiary Form per Account Required on File at U.S. Bancorp Fund Services, LLC, P.O. Box 701, Milwaukee, WI 53201-0701**