Fund of Funds Lp

This document contains both information and form fields. To read information, use the Down Arrow from a form field.

Change of Beneficiary Form
IRA and 403(b)(7) Custodial Account

CLASS A AND CLASS C SHARES

The following form may be used only to designate a beneficiary(ies) or to change a designation of beneficiary(ies) for a Fund of Funds Lp Funds Individual Retirement Account (IRA) or 403(b)(7) Custodial Account for which SS&C Global Investor & Distribution Solutions, Inc. serves as transfer agent for the Custodian. The designation must be received by SS&C Global Investor & Distribution Solutions, Inc. as agent for the Custodian, and replaces any previously submitted beneficiary designation including the designation contained in the Account Application establishing the IRA or 403(b)(7) Custodial Account. This form may be used for individual and spousal IRAs (each spouse must complete a separate designation form), Rollover IRAs, SEP IRAs, SAR-SEPs, Roth IRAs, SIMPLE IRAs and 403(b)(7) Custodial Accounts.

1.Account Information

I hereby revoke any beneficiary designations previously made under my Fund of Funds Lp Funds IRA or 403(b)(7) Custodial Account, and make the beneficiary designation set forth below under my UMB Bank, n.a. Custodial Account Agreement.

Type of Retirement Account

Individual Roth Rollover SEP SAR-SEP SIMPLE 403(b)(7) Custodial Account

Name (First, Middle Initial, Last) ____

Date of Birth (mm/dd/yyyy)______ / ______ / _________ Social Security Number________ / ______ / _________

Account Number(s) ____

Daytime Telephone Number ( ) ____

Address ____

City ______________________________State ____________ZIP Code ___________

2. Beneficiary Designations

Shareowner (or Inherited IRA Owner) may designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the account assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the account assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new Change of Beneficiary Form and providing it to the custodian. Any subsequent designation filed with the custodian will revoke all prior designations. After your death, if no primary beneficiary survives the owner, and no contingent beneficiary survives all primary beneficiaries, the account proceeds will be paid to the owner's estate.

If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet

To name a trust as a beneficiary, attach a copy of the trust agreement to this form.

Choose ONE only (If no selection is made or if you select a trust or estate beneficiary, your account will default to Per Capita):

Per Capita: Only surviving named beneficiaries receive a share of the account.

Lineal Descendants Per Stirpes (LDPS): A beneficiary's share of the inheritance will go to his or her descendants if the beneficiary does not survive you.

I hereby designate the following person(s) as my beneficiary(ies) under my UMB Bank, n.a. Custodial Account Agreement:

Type: Primary Contingent Share Percentage ____________%

Relationship to Shareowner: Spouse Nonspouse

Name ____ Residence

Address ____

Apt. No.

City ____State ___________ZIP Code __________

Taxpayer ID Number ____Date of Birth (mm/dd/yyyy) _____ / _____ / ________

Type: Primary Contingent Share Percentage ____________%

Relationship to Shareowner: Spouse Nonspouse

Name ____

Residence Address ____

Apt. No.

City ____State ___________ZIP Code __________

Taxpayer ID Number ____Date of Birth (mm/dd/yyyy) _____ / _____ / ________

Type: Primary Contingent Share Percentage ____________%

Relationship to Shareowner: Spouse Nonspouse

Name ____

Residence Address ____

Apt. No.

City ____State ___________ZIP Code __________

Taxpayer ID Number ____Date of Birth (mm/dd/yyyy) _____ / _____ / ________

2. Beneficiary Designations *(continued)*

Type: Primary Contingent Share Percentage ______________%

Relationship to Shareowner: Spouse Nonspouse

Name ____

Residence Address ____

Apt. No.

City ____State _____________ZIP Code ___________

Taxpayer ID Number ____Date of Birth (mm/dd/yyyy) ______ / ______ / _________

Spousal Consent (if applicable)

Complete this section only if you, the shareowner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse, so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

Consent of Spouse

By signing below, I acknowledge that I am the spouse of the shareowner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The custodian has not provided me any legal or tax advice.

Signature of Spouse X ____Date ________________________________

Witness X ____Date ________________________________

3. Signature(s)

Please accept this authorization to designate a beneficiary(ies) or to change a designation of beneficiary(ies). The instructions I have provided replace any previously submitted beneficiary designation including the designation contained in the Account Application establishing the Account Number(s) referenced in Section 1. I hereby consent to the designation of beneficiary as stated in Section 2.

Your Signature X ____Date ________________________________