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Step Three: Alternate Beneficiary or Beneficiaries

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/her share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

(must equal 100%)

_____ Name (First, Middle Initial, Last)	_____ Relationship	_____ Date of Birth	_____ Social Security Number	_____ Proportion
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_____ Name (First, Middle Initial, Last)	_____ Relationship	_____ Date of Birth	_____ Social Security Number	_____ Proportion

IMPORTANT: This Designation of Beneficiary may have important tax or estate planning effects. If you cannot accomplish your estate planning objectives with this Designation of Beneficiary (for example, if you want that the surviving children of a Beneficiary who predeceases you should have that Beneficiary's share by right of representation), you may submit another Beneficiary Designation Form 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.

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Step Four: Spousal Consent

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

I am the spouse of the above-named Investor. 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 retirement account, 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	_____ Date
_____ Signature of Witness for Spouse	_____ Date

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Step Five: Signature

I understand that the Beneficiaries named herein may be changed or revoked at any time by filing a new designation in writing with the Custodian. All forms must be acceptable to the Custodian and dated and signed by the Plan Participant.

_____ Signature of Plan Participant	_____ Date
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Step Six: Mailing Instructions

Please mail the completed form to:

The Royce Funds
 c/o BFDS - Midwest
 PO Box 219012
 Kansas City, MO 64121-6012