

Combined Estate of
Retirement Value, LLC and Hill Country Funding LLC
BENEFICIARY DESIGNATION

THE FOLLOWING ELECTION REVOKES AND SUPERSEDES ANY AND ALL PREVIOUS DESIGNATIONS. THIS BENEFICIARY DESIGNATION SHALL BE CONSTRUED IN ACCORDANCE WITH AND GOVERNED BY THE LAWS OF THE STATE OF TEXAS, WITHOUT REGARD TO CONFLICTS OF LAWS PRINCIPLES.

I _____ (DOB _____, SSN _____), currently own a claim (the “**Claim**”) against THE COMBINED ESTATE OF RETIREMENT VALUE, LLC AND HILL COUNTRY FUNDING LLC which is the subject to that certain receivership proceeding pending in the District Court of Travis County, Texas, 126th Judicial District; CAUSE NO. D-1-GV-10-000454 (the “**Estate**”). My Claim is reflected on the latest Schedule of Claims filed by the Receiver in that matter.

In the event of my death, I designate the following as my Primary Beneficiary(ies). I hereby instruct the Receiver to transfer and pay directly to the following beneficiary(ies), in the designated proportions, any undistributed amounts related to the Claim and any ownership interest that I may have therein.

NOTE – If you are married and do not specify your spouse as the sole Primary Beneficiary, a valid Spousal Waiver must be completed as shown below.

PRIMARY BENEFICIARY

[If the beneficiary is an **individual**]:

Name: _____	DOB: _____
Current Residence: _____	SSN: _____
_____	Relationship: _____
Telephone: _____	Percentage: _____
Name: _____	DOB: _____
Current Residence: _____	SSN: _____
_____	Relationship: _____
Telephone: _____	Percentage: _____
Name: _____	DOB: _____
Current Residence: _____	SSN: _____
_____	Relationship: _____
Telephone: _____	Percentage: _____

[If the beneficiary is a **trust**]:

Full Name of Trust _____

Name and address of each trustee and his/her relationship to you.

Trustee	Address	Relationship
_____	_____	_____
_____	_____	_____

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It is my obligation to maintain and provide the Receiver with accurate contact information for my named beneficiaries and/or trust(ee). Failure to provide the Receiver with accurate contact information for the named beneficiaries and/or trust(ee) will result in payment being made to my estate. Further, if the designated trust (if any) is not valid at the time of death, payment will be made to my estate.

I agree, on behalf of myself, my heirs, and my executors or administrators, to hold the Receiver of Retirement Value, LLC, the Receiver of Hill Country Funding, LLC, the Estate, and their legal representatives, agents and employees, harmless and to indemnify each of them from any claims or damages resulting from any action or inaction taken in accordance herewith.

Executed this the _____ day of _____

Signature _____

Printed Name _____

STATE OF _____ §

COUNTY OF _____ §

This instrument was acknowledged before me on this the _____ day of _____, 20____, by _____.

Notary Public, State of _____

SPOUSAL WAIVER (if applicable)

When a non-spouse beneficiary is named, spouse consent is required in Community Property States, including but not limited to AK, AZ, CA, ID, LA, MI, NV, NM, TX, WA, WI. I hereby agree and consent to the beneficiary set forth above, and do hereby transmute to my spouse all my community property interest in the Claim described above that I may have. I acknowledge my right to one-half of all community property in the Claim and voluntarily elect to relinquish my rights to the community property interest in the Claim. Furthermore, I acknowledge that it is in my interest to obtain independent legal counsel as to the legal and tax ramifications of signing this Spousal Waiver.

Executed this the _____ day of _____

Signature of Spouse _____

Printed Name _____

STATE OF _____ §

COUNTY OF _____ §

This instrument was acknowledged before me on this the _____ day of _____, 20____, by _____.

Notary Public, State of _____