



IRA Beneficiary Change Form

Mail to: The Olstein Funds
 c/o U.S. Bancorp Fund Services, LLC
 P.O. Box 701
 Milwaukee, WI 53201-0701

IMPORTANT NOTICE: This designation will not be in force unless it is signed and received by the custodian 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 (800) 799-2113.

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.

1. Investor Information

 FULL NAME

 ACCOUNT NUMBER(S)

2. Beneficiary Information

If you need more space, please enclose a separate sheet of paper. Designations such as "per stirpes," "spouse," or "children" will not be accepted; all beneficiaries must be named.

I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my Individual Retirement Account (IRA):

Primary

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

Secondary

_____ NAME	_____ RELATIONSHIP	_____ CITY / STATE / ZIP	_____ SOCIAL SECURITY NUMBER	_____ DOB	_____ %
_____ NAME	_____ RELATIONSHIP	_____ CITY / STATE / ZIP	_____ SOCIAL SECURITY NUMBER	_____ DOB	_____ %
_____ 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. I adopt The Olstein Funds' Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified.

 GRANTOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

 DATE (Mo / Dy / Yr)