Designation of Transfer on Death (TOD) Beneficiary

Complete this form to establish or change the TOD beneficiary designation on your investment in Ace Ethanol, LLC. **Note:** Only accounts registered as individual, joint tenant, or tenants by the entirety may designate a TOD beneficiary. Do not list any IRAs on this form.

INVESTMENT INFORMATION (Please Print)

Name of current owner _____ Social Security Number _____

Name of joint owner _____ Social Security Number _____

Investment(s). Update the following investments: Membership Units ☐ Bonds ☐

PRIMARY BENEFICIARY (IES)

Primary Beneficiary
Individual(s) or entity(ies) who will receive the funds upon the death of all account owners. To name additional primary beneficiaries, include all information in this section on a separate sheet.

Beneficiary(ies) must be designated by name and the sum of the percentages for all primary beneficiaries must equal 100%. Unless noted, we will assume equal distribution among primary beneficiaries.

Name of beneficiary (first middle initial, last) or entity _____

Mailing Address _____

City _____ State _____ Zip code _____

Beneficiary's social security / taxpayer ID number _____

Date of birth (mm/dd/yyyy) _____ Relationship _____ Percentage _____%

Name of beneficiary (first middle initial, last) or entity _____

Mailing Address _____

City _____ State _____ Zip code _____

Beneficiary's social security / taxpayer ID number _____

Date of birth (mm/dd/yyyy) _____ Relationship _____ Percentage _____%

SECONDARY BENEFICIARY (IES)

Secondary Beneficiary
Individual(s) or entity(ies) who will receive the funds upon the death of all account owners and all primary beneficiaries. To name additional secondary beneficiaries, include all information in this section on a separate sheet.

Beneficiary(ies) must be designated by name and the sum of the percentages for all secondary beneficiaries must equal 100%. Unless noted, we will assume equal distribution among secondary beneficiaries.

Name of beneficiary (first middle initial, last) or entity	Name of beneficiary (first middle initial, last) or entity
Mailing Address	Mailing Address
City / State / Zip code	City / State / Zip code
Beneficiary's social security / taxpayer ID number	Beneficiary's social security / taxpayer ID number
Date of birth (mm/dd/yyyy) / Relationship / Percentage %	Date of birth (mm/dd/yyyy) / Relationship / Percentage %

SIGNATURES

I understand that this TOD beneficiary designation shall replace any previous TOD beneficiary designation(s) I have made for the Ace Ethanol, LLC investments listed in section 1 of this form. I acknowledge that this designation is effective upon receipt by the Company's transfer agent and will remain in effect until I deliver written notice of a change or revocation of beneficiary(ies) to the Company's transfer agent. I further understand that Ace Ethanol, LLC reserves the right, at any time without prior notice, to suspend, limit, modify, or terminate the TOD registration.

I, my successors and assigns, do hereby agree to indemnify and hold harmless Ace Ethanol, LLC, its affiliates, and any directors, officers, employees, or agents of the Company from and against any and all claims, liabilities, damages, actions, charges, costs, losses, and expenses (including reasonable attorneys' fees) arising out of or resulting from the transfer upon my death of the investment(s) referenced in section 1 to the beneficiary(ies) listed on this form.

X_____
Signature of investment owner

_____
Print name

_____
Date

X_____
Signature of investment owner

_____
Print name

_____
Date