



TRANSFER ON DEATH BENEFICIARY REGISTRATION FORM

NAME OF FUND: _____ **ACCOUNT NUMBER:** _____

ACCOUNT OWNER: _____

JOINT OWNER (IF APPLICABLE): _____

TOD BENEFICIARY: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

I request that my account be registered in the beneficiary form under the Uniform Transfer on Death Security Registration Act, thereby transferring ownership of the account on my death to my beneficiary. I direct the Fund to transfer the account to the above named beneficiary upon receipt of instructions and certification of my death. I warrant that I am a resident of the state I have designated above and that the state allows UTOD registrations.

I release the Fund and its agencies and representatives from all claims, demands, suits, actions, liabilities and responsibilities whatsoever and agree to indemnify them from any and all liabilities, cost or expense whatsoever for acting in good faith in accordance with these instructions.

If married, I understand that, if I designate a beneficiary who is not my spouse, my spouse must approve my designation of beneficiary by signing below.* I understand that a change in marital status prior to my death may make my designation of beneficiary ineffective and I understand that my spouse to whom I am married after I make this designation must consent to my designation.

SIGNATURE OF ACCOUNT OWNER: _____

MEDALLION SIGNATURE GUARANTEE: _____

SIGNATURE OF JOINT OWNER (IF APPLICABLE): _____

MEDALLION SIGNATURE GUARANTEE: _____

*I hereby consent to the beneficiary designation stated above:

***SIGNATURE OF SPOUSE:** _____

***SIGNATURE GUARANTEE:** _____

DATE: _____