

Account Number

Transfer on Death Registration and Beneficiary Designation

Use this form to establish a Transfer on Death ("TOD") Individual, Joint Tenant With Rights of Survivorship or Joint Tenants in Entirety account registration and to designate a beneficiary(ies) for your TOD account. You may also use this form to change the existing beneficiary(ies) for your account. TOD designation is eligible on Individual, Joint with Rights of Survivorship, and Joint Tenants in Entirety registrations only, and is available for residents of all states in the United States except Louisiana. If you move to a state in which a TOD designation isn't eligible, the TOD designation will be invalid.

This form supersedes all previous Beneficiary Designations you have made on your TOD account. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

1. Account Owner

Account Owner First Name	Middle Name	Last Name
Account Owner First Name	Middle Name	Last Name

2. Beneficiary Designation

Primary Beneficiaries

For each beneficiary listing, check one and provide all required information. Any attachments for additional beneficiaries must include your account number and your signature, and must be dated.

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name	<input type="checkbox"/> Per Stirpes	
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY
<input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name	<input type="checkbox"/> Per Stirpes	
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY
<input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name	<input type="checkbox"/> Per Stirpes	
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY
<input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name	<input type="checkbox"/> Per Stirpes	
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY
<input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name	<input type="checkbox"/> Per Stirpes	
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY
<input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name	<input type="checkbox"/> Per Stirpes	
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY

Share percentage total must equal 100%. Must be in percentages; do not use dollar amounts.

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2. Beneficiary Designation *continued*

Contingent Beneficiaries

The contingent beneficiaries listed here cannot be the same as those listed above in the primary beneficiary section.

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
<input type="checkbox"/> Entity				

Any attachments for additional beneficiaries must include your account number and your signature, and must be dated.

<input type="checkbox"/> Non-Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Trust	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Entity				%

<input type="checkbox"/> Non-Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Trust	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Entity				%

<input type="checkbox"/> Non-Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Trust	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Entity				%

<input type="checkbox"/> Non-Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Trust	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Entity				%

Share percentage total must equal 100%. Must be in percentages; do not use dollar amounts.

<input type="checkbox"/> Non-Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Trust	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Entity				%

If more than one beneficiary is named and no share percentages are indicated, payment shall be made to your primary beneficiary(ies) who survives you in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive you, unless you have checked the per stirpes box, the percentage of that beneficiary's(ies) designated shares shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of your death, payment shall be made to your contingent beneficiary(ies). Payment to your contingent beneficiaries will be made according to the rules of succession described for primary beneficiary(ies).



3. Signatures and Dates *Form cannot be processed without signatures and dates.*

In the section below, "us," "we" and "Broker/Dealer" refer to the correspondent firm which manages your brokerage account; "NFS" refers to National Financial Services LLC and their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives as the context may require; "you," "account owner," or "account owners" refer to all owners, collectively and individually indicated on the account form; "beneficiary" or "beneficiaries" refer to all beneficiaries, collectively and individually designated on this form.

By signing below, you:

- Agree to create a transfer on death ("TOD") registration for the account listed above ("account").
- Designate the beneficiaries identified above to receive all assets held in the account upon your death, or the death of the last surviving account owner of a joint account.
- Understand that you may only change the beneficiaries by completing a new TOD Beneficiary Designation form.
- Acknowledge that this Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document.
- Agree that we may rely on the latest Beneficiary Designation in our possession, and no change in Beneficiaries shall be effective until actually received and accepted by us.
- Acknowledge that you have received, read, understand, and agree to the terms of this form relating to the administration of your account.
- Understand that upon your death or the death of the last surviving account owner of a joint account we may require your beneficiaries to provide us with certain necessary documents prior to moving your assets into the beneficiaries' accounts.
- Understand that we have entered into an agreement with NFS to execute and clear all transactions on your account.
- Understand that there are complex legal and tax issues in a TOD registration.
- Acknowledge that neither we nor NFS will advise you as to whether the TOD registration is appropriate for you.
- Understand that you should consult your legal and tax advisors before electing or revoking a TOD registration.
- Acknowledge that registering a securities account in TOD form is governed by state law and not all states have enacted such laws.
- Agree that NFS, as our Agent, may register and hold the securities in your TOD account in its name or other "street" or nominee name and that NFS has no duty to determine the registration or ownership of the account before or after your death.
- Indemnify and hold us and NFS harmless jointly and severally; i.e., individually, for accounts with more than one owner from and against any and all losses, claims, costs, actions, demands, suits, proceedings, damages and expenses, including attorneys' fees and expenses, and any other costs suffered or incurred by us arising out of or relating to this account registration and transfers hereunder.
- Indemnify and hold harmless NFS, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives, from any liability in connection with any action or inaction taken in connection with any beneficiary designation instructions received on this form or separate custom designation you provide.
- Acknowledge and understand the following shall apply, if you assign a Power of Attorney (Attorney-in-Fact) for the account:
 - An NFS *Durable Power of Attorney Affidavit and Indemnification* form must be submitted to NFS
 - Power of Attorney's ability to designate or modify a beneficiary may be subject to state law
 - Instructions from a Power of Attorney are not valid after the death of the account owner

For a Power of Attorney (Attorney-in-Fact) signing this form, you acknowledge and understand the following:

- An NFS *Durable Power of Attorney Affidavit and Indemnification* form must be submitted to NFS.
- Your ability to designate or modify a beneficiary may be subject to state law.
- Instructions from a Power of Attorney are not valid after the death of the account owner.
- By signing as POA of the account holder, you attest that you have the appropriate authority to name the Beneficiaries on behalf of the account holder.

All account owners must sign this form.

Print Account Owner Name <i>First, M.I., Last</i>	
Account Owner Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Additional Account Owner Name <i>First, M.I., Last</i>	
Additional Account Owner Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

