



# T.O.D. (TRANSFER ON DEATH) DESIGNATION FORM

## 1. Owner Information

Investment Account Number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_

## 2. Co-Owner Information (If Applicable)

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_

## 2. T.O.D. Recipient(s)

Primary

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ %: \_\_\_\_\_

Primary     Secondary

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ %: \_\_\_\_\_

Primary     Secondary

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ %: \_\_\_\_\_

## 3. Acknowledgement

Print Name (Owner) : \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name (Co-Owner) : \_\_\_\_\_ Signature: \_\_\_\_\_