



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

1. Owner Information

Investment Account Number: _____

Name: _____

SSN: _____

2. Co-Owner Information (If Applicable)

Name: _____

SSN: _____

3. T.O.D. Recipient(s)

Primary

Name: _____

Birth Date: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ %: _____

Primary Secondary

Name: _____

Birth Date: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ %: _____

Primary Secondary

Name: _____

Birth Date: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ %: _____

4. Acknowledgement

Print Name (Owner): _____ Signature _____

Print Name (Owner): _____ Signature _____