

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:				
Address:				
Phone Number:		%:		
☐ Primary ☐ Secondary				
Name:				
Birth Date:				
Address:	City:		State:	Zip:
Phone Number:		%:		
☐ Primary ☐ Secondary				
Name:				
Birth Date:				
Address:	City:		State:	Zip:
Phone Number:		%:		
4. Acknowledgement				
D: (A)	C' I			5.1
Print Name (Owner):	Signature:			Date:
Drint Nama (Ourper)	Cianatura			Data
Print Name (Owner):	Signature:			Date: