

TRANSFER ON DEATH (TOD) APPLICATION

PRIMARY BENEFICIARY DESIGNATION

Name

When the last surviving account owner has died, we will transfer shares to the following beneficiaries, if they survive the last account owner. If you indicate no percentages below, we will divide the assets in your account equally among the beneficiaries. If you designate percentages, they must add up to 100%. If no primary or contingent beneficiaries are alive when the last surviving account owner dies, we will distribute the assets to the last surviving account owner's estate.

1	Relationship to Client	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
	%			
2	Relationship to Client	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
	%			
3	Relationship to Client	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
	%			
4	Relationship to Client	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
	%			

CONTINGENT BENEFICIARY DESIGNATION (LDPS - Lineal Descendents Per Strepies)

1	Contingent to Primary Beneficiary Number (s)	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage of Primary Beneficiary Share %	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
2	Contingent to Primary Beneficiary Number (s)	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage of Primary Beneficiary Share %	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
3	Contingent to Primary Beneficiary Number (s)	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage of Primary Beneficiary Share %	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date
4	Contingent to Primary Beneficiary Number (s)	Beneficiary Name	S.S. # or Tax ID #	Beneficiary Phone #
	Percentage of Primary Beneficiary Share %	Beneficiary Address (Street number, City, State and Zip Code)		Birth Date

Shareholder Signature

Date

Shareholder Signature

Date