

## Transfer on Death (TOD) Registration Request Form

New Account  Fund Name \_\_\_\_\_

Existing Account  Fund Name/Account Number \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name (if JTWR0S): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Signature and Backup Withholding Certificate

I certify that I am of legal age and have received and read the Fund's current prospectus. Under penalty of perjury, I certify that (1) the number shown on this request is my correct taxpayer identification number or I am waiting for a number to be issued to me and (2) I am not subject to backup withholding because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRA has notified me that I am no longer subject to backup withholding. You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return and you have not been notified by the IRS that you are no longer subject to backup withholding.

\_\_\_\_\_  
Owner Signature Date

Medallion Signature Guarantee  
Required to add or change registration

\_\_\_\_\_  
Joint Owner Date

Beneficiary Designation

Beneficiary's Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

Beneficiary's Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

Beneficiary's Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

Beneficiary's Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_