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Transfer on Death Registration and Beneficiary Designation Form

Use this form to establish a Transfer on Death ("TOD") account registration and to designate a beneficiary(ies) for your Transfer on Death ("TOD") account. You may also use this form to change the existing beneficiary(ies) for your account. **This form supersedes all previous Beneficiary Designations you have made on your TOD account.**

Account Registration

Primary Account Owner / Entity / Business Trust

Primary Account Owner Name									
Social Security Number or Taxpayer ID Number									
Date of Birth (MM-DD-YYYY)									

Joint Account Owner

Joint Account Owner/Trustee Name (If Any)									
Social Security Number or Taxpayer ID Number									
Date of Birth (MM-DD-YYYY)									

Beneficiary Information

This section is required for Transfer on Death accounts, is optional for Trust and Non-Prototype accounts, and does not apply to other types of accounts.

Share percentages must total 100% for primary and 100% for contingent. Use percentages only, not dollar amounts.

If beneficiary is a trust, provide trust name, names of all trustees, and date trust was established.

Before making a Per Stirpes designation, consult with an estate planning attorney and see the Customer Agreement for important information. *If you make any Per Stirpes designation, provide name of executor or other contact.*

CONTACT/EXECUTOR NAME

PRIMARY Beneficiaries

NAME OF BENEFICIARY <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity									
<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy									
COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE									
NAMES OF TRUSTEES <i>if applicable</i> <input type="checkbox"/> Per Stirpes									
NAME OF BENEFICIARY <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity									
<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy									
COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE									
NAMES OF TRUSTEES <i>if applicable</i> <input type="checkbox"/> Per Stirpes									
NAME OF BENEFICIARY <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity									
<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy									
COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE									
NAMES OF TRUSTEES <i>if applicable</i> <input type="checkbox"/> Per Stirpes									

CONTINGENT Beneficiaries

NAME OF BENEFICIARY <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity									
<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy									
COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE									
NAMES OF TRUSTEES <i>if applicable</i> <input type="checkbox"/> Per Stirpes									
NAME OF BENEFICIARY <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity									
<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy									
COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE									
NAMES OF TRUSTEES <i>if applicable</i> <input type="checkbox"/> Per Stirpes									
NAME OF BENEFICIARY <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity									
<input type="checkbox"/> SOCIAL SECURITY NO. <input type="checkbox"/> TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy									
COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE									
NAMES OF TRUSTEES <i>if applicable</i> <input type="checkbox"/> Per Stirpes									

Signature

All account owners must sign this form.

To My Broker/Dealer ("You"):

I (We) wish to create a transfer on death ("TOD") registration for the account listed above. I (We) hereby designate the person(s) identified above ("Beneficiary(ies)") to receive all monies, securities and other assets held in the account listed above upon my death, or the death of the last surviving account owner in the case of a joint account. I (We) may change the designation of the beneficiary(ies) only by completing a new Transfer on Death Account Registration and Beneficiary Designation Form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document. You may rely on the latest Beneficiary Designation in your possession, and no change in Beneficiary shall be effective until actually received and accepted by You.

I (We) hereby acknowledge that I (we) have read, understood, and agree to the terms and conditions within this Transfer on Death Registration/Beneficiary Designation Form relating to the administration of my/our Transfer on Death Account. I (We) also understand that upon my (our) death or at the death of the surviving Account Owner, if the account is owned by more than one person, You may require my/our beneficiary(ies) to provide You with certain documents as You may deem necessary prior to instructing NFS to move the assets from my/our Transfer on Death Account into the designated beneficiary's(ies) account(s).

I (We) understand that You have entered into an Agreement with National Financial Services LLC ("NFS") to execute and clear all transactions on my account. I (We) also understand that because of the complex legal and tax issues involved, neither You nor NFS will advise me (us) as to whether the TOD designation is appropriate for tax or estate planning purposes. I (We) acknowledge that the ability to register a securities account in TOD form is created by state law and not all states have enacted such laws. I (We) understand that I (we) should consult my (our) own legal and tax advisors before electing or revoking the TOD account designation as I (we) deem appropriate.

I (We) understand and agree that NFS, as Your Clearing Agent, may register and hold the securities in my/our Transfer on Death Account in NFS's name or other "street" or nominee name and that this will create no duty on the part of NFS to determine registration or ownership of the account as a whole before or after my/our death.

In consideration for establishing this registration and accepting the Beneficiary Designation, I (we) (including my (our) estate(s), heirs, spouse, successors in interest, and all beneficiaries named herein) shall indemnify and hold harmless You and NFS (and affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs and liabilities, including attorneys' fees, by any person or entity arising out of or relating to this account registration and transfers hereunder.

Name of Account Owner	
Signature	Date (MM-DD-YYYY)
X	

Name of Joint Account Owner	
Signature	Date (MM-DD-YYYY)
X	