

This page must be Medallion Signature Guaranteed and sent with the completed Transfer on Death Form

ADDITIONAL BENEFICIARIES

Primary Beneficiary Contingent Beneficiary % of Shares:

Beneficiary Name SSN

Relationship DOB

If beneficiary is a minor, please provide name of Guardian

IF THE BENEFICIARY IS A TRUST, CORPORATION, PARTNERSHIP, PLAN, OR OTHER ENTITY, PLEASE COMPLETE THE FOLLOWING:

Entity Name Taxable ID

Trustee(s)/Authorized Officer(s)

Trust Other (Custodianship, Charity, Corporation, etc.)

Primary Beneficiary Contingent Beneficiary % of Shares:

Beneficiary Name SSN

Relationship DOB

If beneficiary is a minor, please provide name of Guardian

IF THE BENEFICIARY IS A TRUST, CORPORATION, PARTNERSHIP, PLAN, OR OTHER ENTITY, PLEASE COMPLETE THE FOLLOWING:

Entity Name Taxable ID

Trustee(s)/Authorized Officer(s)

Trust Other (Custodianship, Charity, Corporation, etc.)

Primary Beneficiary Contingent Beneficiary % of Shares:

Beneficiary Name SSN

Relationship DOB

If beneficiary is a minor, please provide name of Guardian

IF THE BENEFICIARY IS A TRUST, CORPORATION, PARTNERSHIP, PLAN, OR OTHER ENTITY, PLEASE COMPLETE THE FOLLOWING:

Entity Name Taxable ID

Trustee(s)/Authorized Officer(s)

Trust Other (Custodianship, Charity, Corporation, etc.)

AUTHORIZED SIGNATURE(S)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Printed Name of Investor</i>	<i>Signature of Investor</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Printed Name of Co-Investor</i>	<i>Signature of Co-Investor</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Medallion Signature Guarantee Stamp Here</i>	<i>Medallion Signature Guarantee Stamp Here</i>	

Medallion Signature Guarantee - REQUIRED

Medallion Signature Guarantee - REQUIRED

Completed page must be Medallion Signature Guaranteed and sent with **Transfer on Death Form**

DO NOT FAX - ORIGINALS REQUIRED