



# Transfer on Death Registration Form

## CLASS A AND CLASS C SHARES

In order to properly register your Transfer on Death (TOD) account, please complete this form. If you are establishing a new account, please return this form along with your completed Fund of Funds Lp Account Application.

The following information **MUST** be completed:

## 1. Account Information

New Account      Existing Account

Name (First, Middle Initial, Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Account Number (if known) \_\_\_\_\_

Telephone Number (      ) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (If Joint Account) \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## 2. Beneficiary Designations

Please designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the account assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the account assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. If any TOD beneficiary is a minor, a custodian must be assigned until the beneficiary reaches the age of majority. After your death, if no primary beneficiary survives the owner, and no contingent beneficiary survives all primary beneficiaries, the account proceeds will be paid to the owner's estate. Please note that a Taxpayer ID number is required for U.S. citizen beneficiaries on a TOD account.

If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

## 2. Beneficiary Designations (continued)

Please choose ONE only (If no selection is made, your account will default to Per Capita):

**Per Capita:** Only surviving named beneficiaries receive shares of the inheritance.

**Lineal Descendants Per Stirpes (LDPS):** A beneficiary's share of the inheritance will go to his or her descendants if the beneficiary does not survive you.

**Type:** Primary Contingent Share Percentage \_\_\_\_\_ %

**Relationship to shareowner(s):** Spouse Nonspouse

Beneficiary's Name (First, Middle, Last) \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

U.S. Citizen Resident Alien Other \_\_\_\_\_

**Type:** Primary Contingent Share Percentage \_\_\_\_\_ %

**Relationship to shareowner(s):** Spouse Nonspouse

Beneficiary's Name (First, Middle, Last) \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

U.S. Citizen Resident Alien Other \_\_\_\_\_

**Type:** Primary Contingent Share Percentage \_\_\_\_\_ %

**Relationship to shareowner(s):** Spouse Nonspouse

Beneficiary's Name (First, Middle, Last) \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

U.S. Citizen Resident Alien Other \_\_\_\_\_

Custodian/Guardian (if applicable) \_\_\_\_\_

U.S. Citizen Resident Alien Other \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Spousal Consent (If applicable)

For accounts established individually, complete this section only if you, the shareowner, wish to name a beneficiary other than or in addition to your spouse as the primary beneficiary.

By signing below, I acknowledge that I am the spouse of the shareowner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I consent to the terms and conditions of these instructions.

Signature of Spouse X \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Spouse \_\_\_\_\_

### 3. Signature(s) and Certification

The undersigned, residents of the state indicated above, have read and understand the attached Guidelines for Transfer On Death (TOD) Registration and hereby instruct SS&C Global Investor & Distribution Solutions, Inc. to register the accounts listed above, in transfer on death form, subject to the TOD regulations of the Securities Transfer Association as now or hereinafter in effect, for the benefit of the beneficiary designated above. Each of the undersigned hereby agrees to indemnify SS&C Global Investor & Distribution Solutions, Inc., Fund of Funds Lp Funds and their affiliated persons and service providers, against any loss, claim, or expenses (including reasonable attorney fees) to the extent that any transfer on death effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective for any reason, and SS&C Global Investor & Distribution Solutions, Inc., Fund of Funds Lp Funds and their affiliated persons and service providers, will be entitled to attach or debit the account of the TOD beneficiary to the extent necessary to enforce their rights to this indemnity.

Signature of Owner X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner X \_\_\_\_\_ Date \_\_\_\_\_

(If multiple account owners, all must sign.)

### 4. Signature Validation (if applicable)

A Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) Stamp must be provided if changing the registration on an existing Fund of Funds Lp account to a new TOD account. If changing the beneficiary on an existing TOD account or submitting with a new account application, no MSG or SVP Stamp is required. **Medallion Signature Guarantee or Signature Validation Program Stamp:**

By:

Name of Guarantor \_\_\_\_\_

Title of Guarantor \_\_\_\_\_

Signature of Owner X \_\_\_\_\_ Date \_\_\_\_\_