Institutional Advisor Services



| SECTION 1: Request Type | | | |
|--|--|---|---|
| Important: The information provided on this form will replace all | | Account Number | |
| existing primary and contingent beneficiary designations. All desired beneficiaries must be listed. | | | |
| Select one: | | SECTION 4: Beneficiary(ies) Continued | |
| ☐ Establish a Transfer on Death Designation and Name Beneficiaries | | 1. Select one: ☐ Primary Beneficiary ☐ Contingent Beneficiary | |
| ☐ Replace Beneficiary Designations ☐ Remove All Beneficiary Designations | | Beneficiary Name | |
| Note: If there is no valid beneficiary information designated, the account is classified as an Individual Account or a Joint Tenants With Rights of Survivorship (WROS), Community Property WROS or | | Social Security Number (if available) | |
| | | Politicashin | |
| Tenants in Entirety. | | Relationship | Percent of Account Balance |
| SECTION 2: Account Type | | 2. Select one: Primary Ber | neficiary |
| A. ACCOUNT TYPE | | Beneficiary Name | |
| Select one: | | Cooled Coourity Number (if everlights) | |
| ☐ Individual Account ☐ Joint Tenants WROS | | Social Security Number (if available) | |
| ☐ Community Property WROS | ☐ Tenant Entirety | Relationship | Percent of Account Balance |
| B. ACCOUNT NUMBER | | | |
| Select one: | | 3. Select one: ☐ Primary Beneficiary ☐ Contingent Beneficiary | |
| New TCA by E*TRADE Account (attach to account application) □ Existing TCA by E*TRADE Account | | Beneficiary Name | |
| TCA by E*TRADE Account Number | Account Type | Social Security Number (if available) | |
| | | Relationship | Percent of Account Balance |
| | | | |
| SECTION 3: Account Owner(s) | | | |
| SECTION 3: Account Owner(s) A. PRIMARY ACCOUNT OWNER | | 4. Select one: ☐ Primary Ber | neficiary |
| | Last Name | 4. Select one: ☐ Primary Ber Beneficiary Name | neficiary Contingent Beneficiary |
| A. PRIMARY ACCOUNT OWNER | Last Name | | |
| A. PRIMARY ACCOUNT OWNER First Name MI | Last Name | Beneficiary Name | |
| A. PRIMARY ACCOUNT OWNER First Name MI | | Beneficiary Name Social Security Number (if ava | ailable) |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number | | Beneficiary Name Social Security Number (if available Relationship 5. Select one: Primary Ber | ailable) |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if applicable) | oplicable) | Beneficiary Name Social Security Number (if ava Relationship | Percent of Account Balance |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if ap | oplicable) | Beneficiary Name Social Security Number (if available Relationship 5. Select one: Primary Ber Beneficiary Name | Percent of Account Balance neficiary Contingent Beneficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if ap | pplicable) Last Name | Beneficiary Name Social Security Number (if available available) Relationship 5. Select one: Primary Ber Beneficiary Name Social Security Number (if available) | Percent of Account Balance neficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if approximately provided in the prov | pplicable) Last Name | Beneficiary Name Social Security Number (if available Relationship 5. Select one: Primary Ber Beneficiary Name | Percent of Account Balance neficiary Contingent Beneficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if approximately provided in the count of the count owner) First Name MI Social Security Number C. JOINT ACCOUNT OWNER (if approximately provided in the count owner) | pplicable) Last Name pplicable) | Beneficiary Name Social Security Number (if available) Relationship 5. Select one: Primary Ber Beneficiary Name Social Security Number (if available) Relationship | Percent of Account Balance neficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if approximately provided in the prov | pplicable) Last Name pplicable) | Beneficiary Name Social Security Number (if available) Relationship 5. Select one: Primary Ber Beneficiary Name Social Security Number (if available) Relationship | Percent of Account Balance neficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if approximately provided in the prov | pplicable) Last Name pplicable) | Beneficiary Name Social Security Number (if available available) 5. Select one: Primary Ber Beneficiary Name Social Security Number (if available) Relationship 6. Select one: Primary Ber | Percent of Account Balance neficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if approximately security Number) C. JOINT ACCOUNT OWNER (if approximately security Number) C. JOINT ACCOUNT OWNER (if approximately security Number) Social Security Number Section 4: Beneficiary(ies) | pplicable) Last Name pplicable) Last Name person(s) as beneficiary(ies). If this | Beneficiary Name Social Security Number (if available) 5. Select one: Primary Ber Beneficiary Name Social Security Number (if available) 6. Select one: Primary Ber Beneficiary Name Social Security Number (if available) | Percent of Account Balance neficiary |
| A. PRIMARY ACCOUNT OWNER First Name MI Social Security Number B. JOINT ACCOUNT OWNER (if approximately security Number) C. JOINT ACCOUNT OWNER (if approximately security Number) C. JOINT ACCOUNT OWNER (if approximately security Number) Social Security Number Section 4: Beneficiary(ies) | pplicable) Last Name pplicable) Last Name person(s) as beneficiary(ies). If this community property statutes and I | Beneficiary Name Social Security Number (if available available) 5. Select one: Primary Ber Beneficiary Name Social Security Number (if available) Relationship 6. Select one: Primary Ber Beneficiary Name | Percent of Account Balance neficiary |

existing primary and contingent beneficiary designations.

Note: The beneficiary(ies) must be named on this form. The terms 'spouse', and 'children' are not acceptable designations. Refer to Section 4 in "General Instructions" for additional requirements. Important: The information provided on this form will $\underline{\text{replace}}$ all

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| SECTION 4: Beneficiary(ies) Continued | | | |
|---|----------------------------|--|--|
| 7. Select one: ☐ Primary Beneficiary ☐ Contingent Beneficiary | | | |
| Beneficiary Name | | | |
| Social Security Number (if available) | | | |
| Relationship | Percent of Account Balance | | |
| 8. Select one: Primary Beneficiary | Contingent Beneficiary | | |
| Beneficiary Name | | | |
| Social Security Number (if available) | | | |
| Relationship | Percent of Account Balance | | |
| 9. Select one: ☐ Primary Beneficiary ☐ Contingent Beneficiary | | | |
| Beneficiary Name | | | |
| Social Security Number (if available) | | | |
| Relationship | Percent of Account Balance | | |
| 10. Select one: Primary Beneficiary Contingent Beneficiary | | | |
| Beneficiary Name | | | |
| Social Security Number (if available) | | | |
| Relationship | Percent of Account Balance | | |
| Additional beneficiary information provided | | | |

SECTION 5: Signature

By signing below, I/we request that my/our account be designated as "Transfer on Death" (TOD) account, and name the above beneficiary(ies) to whom the account shall be payable after I am/we are deceased.

By signing below, I/we also make the following warranties, representation and agreements:

- 1. TCA by E*TRADE is not required to re-register the assets in name of the beneficiary unless they have received a certified certificate of death or other required documentation to establish the date of death.
- 2. TCA by E*TRADE is not responsible for determining the tax consequences of the decision to register assets to beneficiary(ies) designated above.
- 3. I/we agree to hold harmless, indemnify, and defend TCA by E*TRADE and their agents for any claim, loss or liability resulting from (a) breach of any warranty or representation in this agreement and (b) any action TCA by E*TRADE takes in connection with the designation.
- 4. If this Agreement is established under joint tenants WROS. community property WROS or Tenants in Entirety registration, upon death of one of the owners, ownership shall pass to the surviving joint owner, and TCA by E*TRADE may open a new account for the survivor and follow the instructions of the survivor with regard to the assets, including, without limitation, instructions to (a) terminate transfer on death registration, or (b) change beneficiaries.
- 5. TCA by E*TRADE will not accept any changes to this agreement unless received in writing prior to the final account holder's death.
- 6. TCA by E*TRADE has not provided any legal advice to me, and I agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my state, and its effect on my estate and tax planning.
- 7. We certify that this account is a Joint Tenants Community Property account with Right of Survivorship and we certify that if the TOD is removed that TCA by E*TRADE would assume it was a Joint Tenants - Community Property with Right of Survivorship unless otherwise instructed.

| Account Owner Signature | Date |
|--|------|
| Print Name | |
| | |
| Joint Account Owner Signature, if applicable | Date |
| Print Name | |
| | |
| Joint Account Owner Signature, if applicable | Date |
| Print Name | |

- End of Form -

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General Instructions

Use these instructions to complete the Transfer on Death (TOD) Designation Request form.

Purpose of this form. This form is required to make a TOD or designation for an account and designate beneficiaries on an Individual or Joint account except a Tenants in Common account. It is also used to replace or remove beneficiary designation from a Transfer on Death designated account. This form will <u>not</u> be accepted to designate, replace, or remove beneficiaries from IRA accounts or employer sponsored retirement plan accounts.

You must **complete all required fields** to expedite processing and to avoid requests for additional information. All fields are required as outlined in detail in these instructions.

Print or type all entries. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Unknown information. If information is requested and you do not know where to obtain the requested information, contact your Investment Advisor or client representative for direction.

Important Transfer on Death Information

Transfer on Death (TOD) is a form of account registration which allows an individual who is a sole owner of an account or co-owners of a Joint Account WROS, Community Property WROS or Tenants in Entirety account to designate beneficiaries. Upon the death of the owner(s), this account designation will provide a transfer of account ownership and its assets to the designated beneficiaries without going through any probate or testamentary action.

A TOD registration may only be held on:

- · Individual accounts
- All Joint Accounts except Tenants in Common and Community Property.

A TOD registration may not be held on:

- · Tenants in Common accounts
- Community Property
- Trust accounts
- IRA accounts
- UTMA/UGMA accounts
- · Legal accounts
- · Any type of corporate or company accounts.

For all Joint accounts with TOD Designation:

- The TOD beneficiary cannot be a co-owner on the account.
- Upon the death of an account owner, account ownership passes to the other owner(s) and the surviving owner(s) will need to open a new account and designate new Transfer on Death beneficiaries.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this application.

Important: If you elect "Remove All Beneficiary Designations" for this account, it will be treated as either an individual account or joint account, as applicable, without a TOD designation.

Section 2: Account Type

A. Account Type

Check the appropriate box to indicate the type of account for which you are designating as Transfer on Death (TOD).

B. Account Number

Check the appropriate box indicating whether the account being designated as Transfer on Death is a new or existing TCA by E*TRADE account. If it is a new account, attach this form to your account application. If it is an existing account, provide the TCA by E*TRADE account number and type.

Account type. The account type must match the account number. If it does not match, the form will not be accepted. You can find the correct account type on the first page of your statement. 0218-TCATODDES-B65490

Section 3: Account Owner(s)

Enter the account owner information for this account.

Section 4: Beneficiary Information, if applicable

Do not complete this section if you have elected to "Remove All Beneficiary Designations" in Section 1. Proceed to Section 5.

If no valid beneficiary information is designated for your account it will be treated as either an individual account or joint/community property account as applicable.

Important: The information provided on this form supersedes and <u>replaces</u> all existing primary and contingent beneficiary designations. You must provide a complete listing of both your primary beneficiary designations and if applicable, your contingent beneficiary designations, not just additions or deletions to the previous designations.

Enter the primary beneficiary(ies) and contingent beneficiary(ies) information for the account listed in Section 2. For each entry, check the appropriate box to indicate if the designated beneficiary is a primary or contingent beneficiary.

Note:

- The beneficiary must be an individual, trust, or entity. The beneficiary must be named on this form. For example, the terms 'spouse', or 'children' are not acceptable designations.
- Beneficiary names provided without the social security number will be maintained on file. These names will not be displayed in your online account inquiry application.
- If more than one beneficiary is designated, each asset in the account will be divided based on the percent of account balance designation upon the account owner death.

Important: Due to important tax consequences, if you do not name your spouse as the sole primary beneficiary and you currently live in a community property state (or ever lived in a community property state while you were married), you may want to consult with your tax or legal advisor concerning community property rights that may apply to your account.

Percent of account balance. The percent of account balances must add up to 100% for the designated primary beneficiaries and 100% for the designated contingent beneficiaries. If the percentages do not add up to 100%, TCA by E*TRADE will assume the beneficiaries shall receive equal shares.

Note: If any primary or contingent beneficiary dies before the account owner, their interest and the interest of their heirs will terminate completely. The percentage of account balance of any remaining primary beneficiaries will be increased proportionately. If no primary beneficiaries survive the account owner, the contingent beneficiaries will acquire the account assets at their designated percentages.

More than ten beneficiaries. If you would like to designate additional beneficiaries, complete, sign, and provide on a separate document those additional beneficiaries and check the 'Additional Beneficiary Information Provided' box.

Trust as beneficiary. To designate a trust as a beneficiary, enter the beneficiary information as follows.

Beneficiary Name. Provide the full legal title of the trust. Include a list of all trustees and the date of the trust.

Social security number. Provide the Tax Identification Number (TIN) or the social security number for the trust.

Percent of account balance. Provide the percentage allocated to the trust.

Note: If the Tax Identification Number (TIN) for a trust is the same as another beneficiary's social security number, the beneficiary information for the trust will be maintained on file. The trust will not be displayed in your online account inquiry application.

Note: Beneficiary information can be provided and/or modified at any

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time by completing and signing a subsequent Transfer on Death (TOD) Designation form.

Section 5: Signature

Read over the signature section carefully. Each account owner must then sign and date the form.

Return your completed form as instructed by your Investment Advisor or your client representative. If it is a new account, provide this form with your account application. Questions regarding this form should be directed to your Investment Advisor.