



# TRANSFER ON DEATH DESIGNATION FORM

Use this form to designate or change Transfer on Death (TOD) beneficiaries on your individual or joint account(s). Do not use this form to designate beneficiaries on your retirement account(s). Please read the following Transfer on Death Guidelines and Disclosures for additional information.

If your intent is to establish a new account, please submit an account application with this form.

**New Designation    Change to Existing Designation**

## SECTION 1: Account Information

Account Number

Owner's Name (Last, First, Middle Initial)

Owner's Social Security Number

Date of Birth (MM/DD/YY)

Joint Owner's Name (Last, First, Middle Initial) (if applicable)

Joint Owner's Social Security Number

Date of Birth (MM/DD/YY)

Address of Residence (Required) - P.O. Box not accepted

City, State, Zip Code

Mailing Address - If different from above (P.O. Boxes accepted)

City, State, Zip Code

Email Address

(    )

(    )

Day Phone

Evening Phone

## SECTION 2: Designation of Beneficiaries

You may designate more than one beneficiary in each section below. Allocation percentages provided in each section must equal 100%. If no allocation is provided, assets will be divided proportionately among designated beneficiaries. Beneficiary designations provided below will replace all existing designations, if any. Please see the following page for additional information.

I/we hereby designate the following and revoke all previous designations.

### Primary Beneficiary(ies)

| Name | Date of Birth (MM/DD/YY) | Social Security Number | Percentage |
|------|--------------------------|------------------------|------------|
|      |                          |                        |            |
|      |                          |                        |            |
|      |                          |                        |            |

| Name | Date of Birth (MM/DD/YY) | Social Security Number | Percentage |
|------|--------------------------|------------------------|------------|
|      |                          |                        |            |
|      |                          |                        |            |
|      |                          |                        |            |

| Name | Date of Birth (MM/DD/YY) | Social Security Number | Percentage |
|------|--------------------------|------------------------|------------|
|      |                          |                        |            |
|      |                          |                        |            |
|      |                          |                        |            |

**Total Primary Percentage: 100%**

### Secondary Beneficiary(ies)

| Name | Date of Birth (MM/DD/YY) | Social Security Number | Percentage |
|------|--------------------------|------------------------|------------|
|      |                          |                        |            |
|      |                          |                        |            |
|      |                          |                        |            |

| Name | Date of Birth (MM/DD/YY) | Social Security Number | Percentage |
|------|--------------------------|------------------------|------------|
|      |                          |                        |            |
|      |                          |                        |            |
|      |                          |                        |            |

| Name | Date of Birth (MM/DD/YY) | Social Security Number | Percentage |
|------|--------------------------|------------------------|------------|
|      |                          |                        |            |
|      |                          |                        |            |
|      |                          |                        |            |

**Total Secondary Percentage: 100%**

