

TRANSFER ON DEATH REGISTRATION REQUEST AND AGREEMENT

DATE

FUND NAME(S) OR ALL

INVESTOR NUMBER

INVESTOR NAME

Account Status () individual

() Joint Tenants With Right of Survivorship

By signing below, I/we request that my/our investment identified above be registered in "transfer on death" form, and designate the following as the person(s) to whom the investment shall pass after I/we are deceased:

Print name of beneficiary

Beneficiary's Social Security Number

Number of units

Print name of beneficiary

Beneficiary's Social Security Number

Number of units

By signing below, I/we also make the following warranties, representations, and Agreements:

1. You are not required to re-register the investment in the name of the beneficiary unless you have received such documents as you may require to establish that I/we are both deceased.
2. You are not responsible for determining the tax consequences of the decision to register this investment as requested above.
3. I/we agree to hold harmless, indemnify, and defend you for any claim, loss, or liability resulting from (a) any breach of any warranty or representation in this Agreement and (b) any action you take in connection with the registration, any re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary, made as requested or authorized under this Agreement.
4. If this Agreement is established under joint tenants with right of survivorship account status, upon the death of one of the joint owners, ownership will pass to the surviving joint owner, and you may follow the instructions of the survivor with regard to the investment, including, without limitation, instructions to (a) terminate transfer on death registration, or (b) change owner or beneficiary.
5. If I have established this account individually and am married (or jointly, and am not married to my joint applicant) my spouse's signature waiver has been executed below.
6. You have 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 affect on my estate and tax planning.

Applicant's Signature

Joint Applicant's Signature

Spousal Waiver: By signing below, I consent to the terms and conditions of this Agreement.

Signature of Applicant's Spouse

Signature of Joint Applicant's Spouse

ALL SIGNATURES MUST BE MEDALLION SIGNATURE GUARANTEED

Medallion Stamp Here

Medallion Stamp Here