

Supplemental Transfer on Death Registration

and Beneficiary Designation Form

Use this form to establish a Transfer on Death ("TOD") account registration and to designate a beneficiary(ies) for your Transfer on Death ("TOD") account. You may also use this form to change the existing beneficiary(ies) for your account. **This form supercedes all previous Beneficiary Designations you have made on your TOD account.**

1 Account Registration

Primary Account Holder Name

Entity/Business/Trust Name

Social Security Number or Taxpayer ID Number Date of Birth - -

Joint Account Holder/Trustee Name (If Any)

Social Security Number or Taxpayer ID Number Date of Birth - -

2 Beneficiary Designation

To my Broker/Dealer ("You" or "Your"):

I (We) wish to create a transfer on death ("TOD") registration for the account listed above. I (We) hereby designate the person(s) identified below ("Beneficiary(ies)") to receive all monies, securities and other assets held in the account listed above upon my death, or the death of the last surviving account owner in the case of a joint account. I (We) may change the designation of the beneficiary(ies) only by completing a new Supplemental Transfer on Death Account Registration and Beneficiary Designation Form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document. You may rely on the latest Beneficiary Designation in your possession and no change in Beneficiary shall be effective until actually received and accepted by you.

I (We) understand that you have entered into an agreement with National Financial Services LLC ("NFS") to execute and clear all transactions on my account. I (We) also understand that because of the complex legal and tax issues involved, neither you nor NFS will advise whether the TOD designation is appropriate for tax or estate planning. I (We) acknowledge that the ability to register a securities account in TOD form is created by state law and not all states have enacted such laws. I (We) understand that I (we) should consult my (our) own legal and tax advisers before electing or revoking the TOD account designation as I deem appropriate.

This Beneficiary Designation is:

- An Original TOD account Beneficiary Designation
- A Change in TOD account Beneficiary Designation

I (We) hereby designate the person(s) named below as beneficiary(ies) to receive the assets remaining in the account listed above upon my death, or the death of the surviving account owner if the account is owned by more than one person:

Beneficiary Designation Date - -

BENEFICIARIES (If a trust, please provide Trust name, names of all trustees and date established.)			
1. Name	% Share*	Relationship	
Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number or Taxpayer ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2. Name	% Share*	Relationship	
Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number or Taxpayer ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Name	% Share*	Relationship	
Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number or Taxpayer ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4. Name	% Share*	Relationship	
Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security Number or Taxpayer ID Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*Please note: Share totals must equal 100%. Do not use fractional percentages or dollar amounts.



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3 Signature

I hereby acknowledge that I have read, understood, and agree to the terms and conditions within this form relating to the administration of my TOD account. I also understand that upon my death or at the death of the surviving account owner if the account is owned by more than one person, you may require my beneficiary(ies) to provide you with certain documents as you may deem necessary prior to instructing NFS to move the assets from my TOD account into the designated beneficiary(s) account(s).

I understand and agree that NFS, as your clearing agent, may register and hold the securities in my TOD account in NFS's name or other "street" or nominee name and that this will create no duty on NFS's part to determine registration or ownership of the account as a whole before or after my death.

In consideration for establishing this registration and accepting the Beneficiary Designation, I (we) (including my (our) estate(s), heirs, spouse, successors in interest, and all beneficiaries named herein) shall indemnify and hold harmless you and NFS (and affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs and liabilities, including attorneys' fees, by any person or entity arising out of or relating to this account registration and transfers hereunder.

Account Owner Signature	<input type="text"/>	Date	<input type="text"/>
Joint Account Owner Signature	<input type="text"/>	Date	<input type="text"/>

For Internal Use Only			
Approval Office Manager	<input type="text"/>	Date	<input type="text"/>
Registered Representative	<input type="text"/>	Date	<input type="text"/>

