

TRANSFER ON DEATH [TOD] ACCOUNT REQUEST FORM

Account Number: _____

To: **FMSbonds, Inc.**

Please Note: The beneficiary designations you make upon establishing a T.O. D. account will take precedence over any estate plans you may have established through a will or trust, so you are advised to consult with your tax and estate planning professionals.

Account Title: _____

Please Clearly Designate All Primary and Contingent Beneficiaries

Section 1: **Primary Beneficiary Designation**

Upon the death of the account holder or if a joint account, upon death of the last surviving account holder, all of the assets in this account will be transferred to the beneficiaries named below who survive the last surviving holder by 120 hours. Unless different percentages are indicated below, the account assets will be divided equally among the named beneficiaries. If multiple beneficiaries are named, the percentage allocations must equal 100%. Please name a custodian for all beneficiaries under 18 years of age.

Primary Beneficiary (1)

Name: _____ Designated Percentage: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Owner: _____ Custodian (For Minors): _____

Primary Beneficiary (2)

Name: _____ Designated Percentage: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Owner: _____ Custodian (For Minors): _____

Primary Beneficiary (3)

Name: _____ Designated Percentage: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Owner: _____ Custodian (For Minors): _____

To list additional beneficiaries, please complete additional copies of this form. Please make sure you clearly identify primary and contingent beneficiaries.

Section 2: Contingent Beneficiary Designation

Unless different percentages are indicated below, the assets in the account will be divided equally among the contingent beneficiaries listed below. If any primary beneficiary listed above is not living upon the death of the account holder or, in the case of a joint account, the last surviving account holder, or does not survive the last surviving account holder by 120 hours, that beneficiary's share (please circle one).

- A. Will pass to the remaining primary beneficiary(ies) pro rata (in proportions to the designated percentages).
- B. Will pass to my estate and go through probate.
- C. Will pass to the following contingent beneficiary (ies).

Contingent Beneficiary (1)

Name: _____ Designated Percentage: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Owner: _____ Custodian (For Minors): _____

Contingent Beneficiary (2)

Name: _____ Designated Percentage: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Owner: _____ Custodian (For Minors): _____

Contingent Beneficiary (3)

Name: _____ Designated Percentage: _____

Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

Relationship to Owner: _____ Custodian (For Minors): _____

Should all designated and primary beneficiary(ies) disclaim the assets, predecease the account holder, or not survive the last surviving account holder by 120 hours, the assets will be distributed to the estate of the last surviving account holder.

By signing below, the account holder(s) acknowledge that this T.O. D. account will be governed by the transfer on death regulations of the state domicile of the account holder(s). Account holder(s) agree to indemnify FMSbonds, Inc., its affiliates, directors, officers, employees and agents against any and all claims which may arise to the extent that the establishment of this T.O. D. account is found to have been invalid or ineffective under applicable state laws.

Account Holder Date

Account Holder Date