



TRANSFER ON DEATH DESIGNATION

Complete to establish or change the designated beneficiaries for your investment certificates.

1

OWNER/CO-OWNER INFORMATION

Investment Number(s), for changes

Print Owner Name	Date of Birth	Social Security Number
Print Co-Owner Name	Date of Birth	Social Security Number

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BENEFICIARY DESIGNATIONS

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. By default, if any beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiary(ies) shall be increased on a pro rata basis. If the preference is to have that beneficiary's share to go to his or her descendants, check "Per Stirpes." If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. If needed, attach a separate sheet.

BENEFICIARY 1

☐ %

Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address	City	State	Zip

BENEFICIARY 2

☐ %

Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address	City	State	Zip

BENEFICIARY 3

☐ %

Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address	City	State	Zip

BENEFICIARY 4

☐ %

Name of Individual or Institution	Per Stirpes	Social Security Number/TIN	Distribution
Relationship	Phone	Date of Birth	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>
Address	City	State	Zip

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SIGNATURES

By signing below, I/we consent to the designation of beneficiary(ies) on this form and hereby revoke all prior beneficiary designations, if any, made for the named investments. This transfer on death designation on the investment is binding upon my/our heirs, beneficiaries, and legal representatives at my/our death, and shall be construed and applied in accordance with the Nonprobate Transfers Law of Missouri. (Transfer on death designations may not be available in Louisiana. If you completed the transfer on death designation, AGFinancial will distribute your funds based on your stated instructions, which may or may not satisfy Louisiana legal requirements. Consult appropriate tax and/or legal counsel regarding your individual circumstances.)

Owner Signature	Printed Name	Date

Co-Owner Signature	Printed Name	Date

SPOUSAL CONSENT IF APPLICABLE

Spousal consent is required for owners of individually owned investments residing in states deemed as community property. These states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin. If you are married, reside in one of these states listed above, and have not designated your spouse as your sole primary beneficiary, your spouse must sign below stating you may name someone other than your spouse as beneficiary. If spousal consent is signed, then either notarization or witness by an AGFinancial representative is required.

I am the spouse of the above-named investment owner. I consent to the beneficiary designation on this form. I understand that in approving the designation of a beneficiary other than myself I am waiving my right to any benefit under the investment. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed.

Signature of Spouse	Printed Name	Date

State of)
) SS
County of)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared, known to me to be the person(s) who executed the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

OR

Notary Public

My Commission Expires:

AGF Witness, Title