

## TRANSFER ON DEATH (TOD) DESIGNATION FORM (Not available in Texas and Louisiana)

### 1. Participant Information

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PLEASE CHECK ONE:

Existing Account (s)     New Account - please check Fund name and submit this form with a new account application.  
 FUND:  VALUE     DIVIDEND FOCUS     SMALL CAP

### 2. Transfer on Death Beneficiary(s):

I am (we are) designating the following individual(s) and/or entity(ies) as the beneficiary(ies) of my (our) FAM Funds account(s) listed above. If I (we) have previously designated a beneficiary(ies) for this (these) account(s), I (we) now revoke that designation. I (we) agree, for myself (ourselves), my (our) successors, assigns, heirs, executors, and administrators, at all times, to indemnify and hold harmless FAM Shareholder Services, Inc., as shareholder servicing agent, and all Funds in the FAM Funds family of funds, from and against any and all claims, liabilities, damages, actions, charges, costs, losses, and expenses arising out of or resulting from the transfer upon my (our) death of the balance in the above-referenced account(s) to the following beneficiary(ies).

#### BENEFICIARY INFORMATION (Primary & Contingent must each equal 100%):

Primary /  Contingent (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Primary /  Contingent (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Primary /  Contingent (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Primary /  Contingent (check one)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PERCENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

(If additional beneficiaries are needed please attach a sheet of paper.)

**(OVER)**

## TRANSFER ON DEATH GUIDELINES

- To obtain a TOD registration the account owner's address must be within a state that has previously authorized TOD registrations.
- Only individuals whose registration of a security shows sole ownership by one individual or multiple ownership by two or more with right of survivorship, rather than as tenants in common, may obtain registration in beneficiary form. Multiple owners of a security registered in beneficiary form hold as joint tenants with right of survivorship, as tenants by the entireties or as owners of community property held in survivorship form, and not as tenants in common.
- Beneficiary designations will only apply to the accounts listed on this form. However, if a new account is subsequently opened by exchange from an account with a TOD beneficiary, the new account will retain the old account's beneficiary designation.
- You can change your designation of beneficiary at any time by: 1) submitting a new Designation of TOD Beneficiary form, or 2) providing FAM Funds with a letter of instruction detailing the same information included on this form. A letter of instruction must be submitted to FAM Funds to revoke a beneficiary designation.
- Beneficiaries must be designated by name.
- Upon notification of the death of all account owners and receipt of the required documentation, the assets in the owner's account(s) will be transferred to the beneficiary(ies) named above. An account will be transferred to a named beneficiary when: 1) a certified death certificate, and 2) a properly completed FAM Funds account application, signed by the named beneficiary has been provided to FAM Funds. The beneficiary may register the account transferred to him/her in any manner consistent with FAM Funds registration standards in effect at the time of transfer.
- A TOD registration may not be changed or revoked by will, codicil, or telephone conversation.
- The designation Payable on Death ("POD") may be substituted for "TOD" at the account owner's request.
- Due to the complexity of various state laws, FAM makes no representations concerning regulations a state has in allowing TOD designation. Please consult your legal advisor concerning your state's requirements for TOD. FAM reserves the right, at any time without prior notice, to suspend, limit, modify, or terminate the TOD registration.

## SIGNATURES

I (we) instruct FAM Shareholder Services, Inc., to register the above referenced account, in beneficiary form, assigning ownership on my (our) death to my (our) beneficiary(ies).

I (we) have had the benefit of or, having been provided sufficient opportunity, waived the benefit of, independent legal counsel and advice pertaining to the above designation and I (we) sign this designation with full knowledge and understanding of its content and its impact on my (our) estate(s) and my (our) estate planning goals.

Please sign exactly as name(s) appear on your account registration. All registered owners must sign.

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Signature of Account Holder

Date

Signature of Account Holder

Date