

Delaware Clearing Service

3601 N. Market Street
Wilmington, Delaware 19802

FOR INTERNAL USE ONLY

DATE RECEIVED:

DATE RECORDED:

DATE CONFIRMED:

INITIALS:

TRANSFER ON DEATH (TOD) BENEFICIARY DESIGNATION REQUEST FORM

IMPORTANT NOTICE: THIS FORM ALLOWS YOU TO DIRECT AND AUTHORIZE DELAWARE CLEARING SERVICE TO TRANSFER YOUR REMAINING ACCOUNT ASSETS TO YOUR DESIGNATED BENEFICIARIES UPON YOUR DEATH.

- Please complete Section 1 and 2 (and Section 3, if applicable), and sign the acknowledgment in Section 4.

1. ACCOUNT INFORMATION

TYPE OF OWNERSHIP

- INDIVIDUAL JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP

PRIMARY ACCOUNT HOLDER'S NAME

DELAWARE CLEARING ACCOUNT NUMBER

CO-ACCOUNT HOLDER'S NAME

2. DESIGNATE YOUR BENEFICIARIES

UPON THE DEATH OF ALL ACCOUNT HOLDERS, THE REMAINING ACCOUNT ASSETS WILL BE DISTRIBUTED TO THE BENEFICIARIES LISTED BELOW.

<u>NAME OF BENEFICIARY</u>	<u>BIRTH DATE/DATE OF TRUST</u>	<u>SOCIAL SECURITY/TAX ID NUMER</u>	<u>RELATIONSHIP</u>
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NOTE: IF THE BENEFICIARY IS A MINOR, YOU MUST ATTACH A SIGNED LETTER DESIGNATING THE MINOR'S CUSTODIAN. IN CERTAIN CASES, THE APPOINTMENT OF A GUARDIAN OR CONSERVATOR MAY BE REQUIRED AS A CONDITION OF ANY DISTRIBUTION.

3. SPOUSAL WAIVER

NOTE: IF YOU ARE MARRIED AND RESIDE IN A COMMUNITY PROPERTY STATE (e.g., ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN), YOU MAY NEED TO OBTAIN YOUR SPOUSE'S CONSENT IF YOU HAVE NOT DESIGNATED YOUR SPOUSE AS THE BENEFICIARY OF AT LEAST 50% OF YOUR REMAINING ACCOUNT ASSETS AT THE TIME OF YOUR DEATH.

I AM THE SPOUSE OF THE ABOVE-NAMED ACCOUNT OWNER. I HEREBY CONSENT TO THE BENEFICIARY DESIGNATION(S) LISTED ABOVE, AND I KNOWINGLY WAIVE ANY LEGAL RIGHTS THAT I MAY BE AFFORDED UNDER THE LAWS OF THE STATE IN WHICH I RESIDE.

X _____
PRIMARY ACCOUNT HOLDER'S SPOUSE DATE

X _____
CO-ACCOUNT HOLDER'S SPOUSE DATE

PRINTED NAME

PRINTED NAME

3. ACKNOWLEDGEMENT

BY SIGNING BELOW, I CERTIFY AND ACKNOWLEDGE THAT:

- THE INFORMATION PROVIDED HEREIN IS TRUE, ACCURATE, AND COMPLETE.
- DELAWARE CLEARING SERVICE WILL NOT EXECUTE YOUR TOD INSTRUCTIONS UNLESS AND UNTIL THIS FORM IS COMPLETE AND ALL REQUIRED DOCUMENTATION IS SUBMITTED.
- DELAWARE CLEARING SERVICE DOES NOT PROVIDE INVESTMENT, TAX, ACCOUNTING, OR LEGAL ADVICE.
- DELAWARE CLEARING SERVICE, FIDELITRADE INCORPORATED, ITS AFFILIATES AND RELATED COMPANIES WILL BE HELD HARMLESS AND INDEMNIFIED BY YOU AGAINST ANY AND ALL LOSSES, LIABILITIES, CLAIMS, DAMAGES, AND COSTS INCURRED AS A RESULT OF ACTING UPON YOUR INSTRUCTIONS IN THIS FORM.

X _____
PRIMARY ACCOUNT HOLDER DATE

X _____
CO-ACCOUNT HOLDER DATE