

Transfer on Death (T.O.D.) Form

Name: of Investment Program(s): _____

- A Transfer on Death (T.O.D.) designation transfers ownership of Units to the registered owner's (owners') beneficiary(ies) upon death; provided that the above-referenced investment program(s) receive(s) proof of death and other documentation it (they) deem(s) necessary or appropriate.
- Until the death of the account owner(s), the T.O.D. beneficiary(ies) has (have) no present interest in, or authority over, the T.O.D. account.
- A T.O.D. designation will be accepted only where Units are owned by a natural person and registered in that individual's name or by two or more natural persons as joint tenants with rights of survivorship.
- Accounts registered to trusts, corporations, charities, and other such entities may not declare a T.O.D. designation because they are considered perpetual. These entities, however, may be listed as a beneficiary on a T.O.D. for accounts registered to a natural person.
- This form must not be used in conjunction with custodial held registrations. Under custodial held registrations, TOD designations of beneficiaries will be collected by the Custodian.
- A T.O.D. designation on an account will remain in effect until Bourne Financial Group, LLC has confirmed any request to amend such designation. All written requests should be mailed to the address listed below.
- A T.O.D. designation may be voided at any time by the above-referenced investment program(s), in its (their) sole discretion, if there is any doubt as to the validity or effectiveness of a T.O.D. designation.
- A T.O.D. designation will not be accepted from residents of Louisiana.
- A T.O.D. designation made by joint tenants with rights of survivorship does not take effect until the last of all multiple owners die. The surviving owners may revoke or change the T.O.D. designation at any time.

Please complete this form and return it to Bourne Financial Group, LLC, 228 North Park Avenue, Suite A, Winter Park, FL 32789.

Name of Registered Owner: _____

SSN: _____ Daytime Phone: _____ DOB: _____

Address: _____

Name of Joint Registered Owner: _____

SSN: _____ Daytime Phone: _____ DOB: _____

Address: _____

The beneficiary designations you make by executing this form 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.

Please Clearly Designate All Primary and Contingent Beneficiaries

I (we) authorize the above-referenced investment program(s) to register all of my (our) Units in beneficiary form, assigning ownership on my (our) death to my (our) beneficiary(ies). I understand that if more than one beneficiary is listed, percentages for each must be designated. If percentages are not designated, the Units will be divided equally. Percentages must equal 100%. For additional beneficiaries, please complete and attach an additional form.

Primary Beneficiary

Name: _____

Address: _____

Daytime Phone: _____

Relationship to Account Holder: _____

DOB: _____ SSN: _____ Designated Percentage: _____

Second Primary Beneficiary

Contingent Beneficiary

Name: _____

Address: _____

Daytime Phone: _____

Relationship to Account Holder: _____

DOB: _____ SSN: _____ Designated Percentage: _____

Third Primary Beneficiary

Contingent Beneficiary

Name: _____

Address: _____

Daytime Phone: _____

Relationship to Account Holder: _____

DOB: _____ SSN: _____ Designated Percentage: _____

SIGNATURE

By signing below, I (we) authorize the above-referenced investment program(s) to register all of my (our) Units in T.O.D. form. The designation(s) will be effective on the date of receipt. Accordingly, I (we) hereby revoke any beneficiary designation(s) made previously with respect to my (our) Units in the above-referenced investment program(s). I (we) have reviewed the information set forth below. I (we) agree on behalf of myself (ourselves) and my (our) heirs, assigns, executors, administrators and beneficiaries to indemnify and hold harmless the above-referenced investment program(s) and any and all of its (their) affiliates, agents, successors and assigns, and its and their respective directors, managers, officers and employees, from and against any and all claims, liability, damages, actions and expenses arising directly or indirectly out of or resulting from the transfer of my (our) Units in accordance with this T.O.D. designation. I (we) further understand that the above-referenced investment program(s) cannot provide any legal advice and I (we) agree to consult with my (our) attorney, if necessary, to make certain that the T.O.D. designation is consistent with my (our) estate and tax planning. Sign exactly as the name(s) appear(s) in the Subscription Agreement/Signature Page for the relevant investment program(s). All registered owners must sign. This authorization form is subject to the acceptance of the above-referenced investment program(s).

Registered Owner Signature: _____ Date: _____

Joint Registered Owner Signature: _____ Date: _____
