# Transfer on Death Registration and Beneficiary Designation Form

Use this form to establish a Transfer on Death ("TOD") account registration and to designate a beneficiary(ies) for your Transfer on Death ("TOD") account. You may also use this form to change the existing beneficiary(ies) for your account. **This form supersedes all previous Beneficiary Designations you have made on your TOD account.**

## 1 Saturna Account Number:

☐☐☐☐☐-☐☐-☐☐

### Primary Account Owner

❒ Mr. ❒ Mrs./Ms. ❒ Dr.

First Name ☐ M.I. Last Name

Date of Birth: ☐☐-☐☐-☐☐☐☐ (MM DD YYYY)

Social Security Number: ☐☐☐-☐☐-☐☐☐☐

### Joint Account Owner

❒ Mr. ❒ Mrs./Ms. ❒ Dr.

First Name ☐ M.I. Last Name

Date of Birth: ☐☐-☐☐-☐☐☐☐ (MM DD YYYY)

Social Security Number: ☐☐☐-☐☐-☐☐☐☐

Mail or fax completed forms to:

**Saturna Capital**
**P.O. Box N**
**Bellingham, WA 98227-0596**

**F: 360-734-0755**

## 2 Beneficiary Information

This section is required for Transfer on Death accounts, is optional for Trust and Non-Prototype accounts, and does not apply to other types of accounts. Share percentages must total 100% for primary and 100% for contingent. Use percentages only, not dollar amounts. If beneficiary is a trust, provide trust name, names of all trustees, and date trust was established.

Before making a Per Stirpes designation, consult with an estate planning attorney and see the Customer Agreement for important information. If you make any Per Stirpes designation, provide name of executor or other contact.

Contact/Executor Name

### Primary Beneficiary(ies):

A. Name of Beneficiary ❒ Spouse ❒ Non-Spouse ❒ Trust ❒ Entity — Social Security Number ☐☐☐-☐☐-☐☐☐☐ — Share ____ % ❒ Per Stirpes

Address — Relation

Country of Citizenship/Organization — Date of Birth: ☐☐-☐☐-☐☐☐☐ (MM DD YYYY) — Name of Trustees (if applicable)

B. Name of Beneficiary ❒ Spouse ❒ Non-Spouse ❒ Trust ❒ Entity — Social Security Number ☐☐☐-☐☐-☐☐☐☐ — Share ____ % ❒ Per Stirpes

Address — Relation

Country of Citizenship/Organization — Date of Birth: ☐☐-☐☐-☐☐☐☐ (MM DD YYYY) — Name of Trustees (if applicable)

C. Name of Beneficiary ❒ Spouse ❒ Non-Spouse ❒ Trust ❒ Entity — Social Security Number ☐☐☐-☐☐-☐☐☐☐ — Share ____ % ❒ Per Stirpes

Address — Relation

Country of Citizenship/Organization — Date of Birth: ☐☐-☐☐-☐☐☐☐ (MM DD YYYY) — Name of Trustees (if applicable)

**Contingent Beneficiary(ies):**

A.

Name of Beneficiary ❑ Spouse ❑ Non-Spouse ❑ Trust ❑ Entity | Social Security Number | Share ❑ Per Stirpes %

Address | Relation

Country of Citizenship/Organization | Date of Birth: MM DD YYYY | Name of Trustees (if applicable)

B.

Name of Beneficiary ❑ Spouse ❑ Non-Spouse ❑ Trust ❑ Entity | Social Security Number | Share ❑ Per Stirpes %

Address | Relation

Country of Citizenship/Organization | Date of Birth: MM DD YYYY | Name of Trustees (if applicable)

C.

Name of Beneficiary ❑ Spouse ❑ Non-Spouse ❑ Trust ❑ Entity | Social Security Number | Share ❑ Per Stirpes %

Address | Relation

Country of Citizenship/Organization | Date of Birth: MM DD YYYY | Name of Trustees (if applicable)

## 3 Signature

I (We) wish to create a transfer on death ("TOD") registration for the account listed above. I (We) hereby designate the person(s) identified above ("Beneficiary(ies)") to receive all monies, securities and other assets held in the account listed above upon my death, or the death of the last surviving account owner in the case of a joint account. I (We) may change the designation of the beneficiary(ies) only by completing a new Transfer on Death Account Registration and Beneficiary Designation Form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document, or other testamentary document. Saturna may rely on the latest Beneficiary Designation in its possession, and no change in Beneficiary shall be effective until actually received and accepted by Saturna.

I (We) hereby acknowledge that I (we) have read, understood, and agree to the terms and conditions within this Transfer on Death Registration/Beneficiary Designation Form relating to the administration of my/our Transfer on Death Account. I (We) also understand that upon my (our) death or at the death of the surviving Account Owner, if the account is owned by more than one person, Saturna may require my/our beneficiary(ies) to provide Saturna with certain documents as Saturna may deem necessary prior to transfering the assets from my/our Transfer on Death Account into the designated beneficiary's(ies') account(s).

I (We) also understand that because of the complex legal and tax issues involved, Saturna will not advise me (us) as to whether the TOD designation is appropriate for tax or estate planning purposes. I (We) acknowledge that the ability to register a securities account in TOD form is created by state law and not all states have enacted such laws. I (We) understand that I (we) should consult my (our) own legal and tax advisors before electing or revoking the TOD account designation as I (we) deem appropriate.

I (We) understand and agree that Saturna may register and hold the securities in my/our Transfer on Death Account in Saturna's name or other "street" or nominee name and that this will create no duty on the part of Saturna to determine registration or ownership of the account as a whole before or after my/our death. In consideration for establishing this registration and accepting the Beneficiary Designation, I (we) (including my (our) estate(s), heirs, spouse, successors in interest, and all beneficiaries named herein) shall indemnify and hold harmless Saturna (and affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs and liabilities, including attorneys' fees, by any person or entity arising out of or relating to this account registration and transfers hereunder.

Signature | Date

Signature of Joint Account Owner | Date