

Transfer on Death Account Designation

IMPORTANT INFORMATION:

If you are establishing a new PENSCO Non-Qualified (Taxable) Account as a Transfer on Death (TOD) Account, this form must be accompanied by a completed and executed PENSCO Non-Qualified (Taxable) Account Establishment form. TOD registration is **NOT ALLOWED** for accounts registered as tenants in common. **Please note that this form cannot be used to update beneficiary information for retirement accounts.**

You must complete and sign this form if:

1. You wish to establish a PENSCO Non-Qualified (Taxable) Account as a TOD Account; or
2. You wish to convert your existing PENSCO Non-Qualified (Taxable) Account to a TOD Account; or
3. You wish to cancel or change your beneficiary designation on an existing PENSCO TOD Account.

1 ACCOUNT TYPE AND OWNER INFORMATION

- Please select the appropriate account type.

Individual	Joint	Trust	Estate	Guardianship/Conservatorship	Minor (UGMA/UTMA)
NAME (FIRST, MI, LAST)*				EXISTING PENSCO ACCOUNT NO.*	

Must exactly match name(s) of individual or joint tenants with right of survivorship (JTWROS) on Non-Qualified (Taxable) Account Establishment form or existing account.

2 ACCOUNT ACTION

- I would like to:

Establish a PENSCO Non-Qualified (Taxable) Account as a Transfer on Death ("TOD") Account.

Convert my existing PENSCO Non-Qualified (Taxable) Account, Account No.: _____ to a TOD Account.

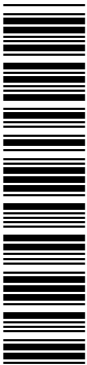
Cancel or change my beneficiary designation on an existing PENSCO TOD Account.

3 TRANSFER ON DEATH BENEFICIARY DESIGNATION

The total percentage for each class of beneficiary (primary or contingent) must equal 100%. If your beneficiary designation in each class does not equal 100%, PENSCO Trust Company will correct any excess or shortfall in the allocation by applying the ratio of the percentage actually allocated among the beneficiaries at each class level; in the event that you fail to allocate a percentage to one or more beneficiaries in a particular class (i.e. the allocation for that beneficiary or beneficiaries is blank, or zero), we will allocate any remaining percentage proportionately among such unallocated beneficiaries.

In the event of your death, your account will be divided equally (unless otherwise indicated by you) to any living beneficiaries. If no primary beneficiary survives you, your account will be divided equally (unless otherwise indicated by you) to any living contingent beneficiaries. If you are not survived by any designated primary or contingent beneficiary, your account will become part of your estate (in the case of an individual account) or the estate of the last owner to die (in the case of a JTWROS account). If any of the multiple beneficiaries at a particular level (primary or contingent) dies before his or her interest is completed, the remaining interest shall be divided among the surviving beneficiaries according to the ratio of allocation between such surviving beneficiaries.

If you are using this form to change your beneficiary designation on an existing PENSCO TOD Account, **this designation voids your current beneficiary designation in its entirety.** You must include all intended beneficiaries on this form (using additional sheets as necessary), including any that may have been named in an earlier designation, for any allocation to such beneficiary to be effective.



PRIMARY BENEFICIARIES

BENEFICIARY #1 NAME (FIRST, MI, LAST)*		SSN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER*			PERCENTAGE OF OWNERSHIP*
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*
BENEFICIARY #2 NAME (FIRST, MI, LAST)*		SSN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER*			PERCENTAGE OF OWNERSHIP*
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*

CONTINGENT BENEFICIARIES

CONTINGENT BENEFICIARY #1 NAME (FIRST, MI, LAST)*		SSN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER*			PERCENTAGE OF OWNERSHIP*
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*
CONTINGENT BENEFICIARY #2 NAME (FIRST, MI, LAST)*		SSN*	DATE OF BIRTH*
RELATIONSHIP TO ACCOUNT OWNER*			PERCENTAGE OF OWNERSHIP*
MAILING ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTRY*	POSTAL CODE*

4 SPOUSAL CONSENT

- For use in community or marital property states. (As of this printing, the community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.)

This section, if applicable, must be signed and dated by the spouse of an individual Account Owner, as well as notarized, if:

- The Account Owner is married and has designated any Primary Beneficiary other than his/her spouse; and
- The Account Owner's TOD Account includes, or will include, property in which his/her spouse possesses a community property interest or other type of property interest.

I, the undersigned spouse of the Account Owner named above, hereby consent to, and accept, the beneficiary designation without regard to whether I survive or predecease my spouse.

 SPOUSE'S SIGNATURE*	DATE*
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5 NOTARY PUBLIC

Acknowledgment only for spousal consent, if applicable.

NOTARY PUBLIC:

STATE OF*	COUNTY OF*
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The foregoing instrument was acknowledged before me this

DAY OF THE WEEK*	DATE, MONTH AND YEAR*
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by

PRINT NOTARY NAME*


(SEAL)

6 ACKNOWLEDGMENT & SIGNATURE

I, the undersigned, hereby acknowledge that I have read, understand, and agree to all of the terms of the PENSCO Non-Qualified (Taxable) Account Establishment form, Instructions and Additional Terms and Conditions, and terms of this Transfer on Death Account Designation form for PENSCO Non-Qualified (Taxable) Accounts (collectively the "TOD Account Documents") and that I have retained a copy of such documents for my own records.

 ACCOUNT OWNER SIGNATURE*	DATE*
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PRINT NAME*

 JOINT ACCOUNT OWNER SIGNATURE*	DATE*
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PRINT NAME*

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:
www.pensco.com/upload

Fax to: 303-614-7038

Send mail to:
PENSCO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSCO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 800-962-4238