

REQUEST FOR DISTRIBUTION OF ELIGIBLE ASSETS FROM A TRANSFER ON DEATH (TOD) ACCOUNT



Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

DISTRIBUTION INSTRUCTIONS (List additional securities on page 2.)

Transfer assets "in kind" to another account: _____
Account Number

Other: _____

Securities to be transferred

- All (**Do not** list specific securities/share amount below)
 Partial (List specific securities/share amount below)

Dollar amount of monies to be transferred

- All (**Do not** list specific dollar amount to be transferred)
 Partial: \$ _____
(List specific dollar amount to be transferred)

# Shares	Description	Symbol/CUSIP

Investment and Insurance Products are:

- **Not Insured by the FDIC or Any Federal Government Agency**
- **Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate**
- **Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested**

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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In accordance with the Terms and Conditions under which the Account referenced above has been carried by you in Transfer on Death (TOD) form, the undersigned hereby requests that the TOD-Eligible Securities in the Account be transferred or distributed to the Beneficiary(ies) named in the most recent Application for Registration of Account in Beneficiary Form/TOD Direction which the Account Owner delivered to you and you have accepted. In support of this request I hereby certify to you as follows:

- The undersigned is either: (i) a Beneficiary named on the Application, or (ii) the Representative of the Estate of the Account Owner (the Representative of the Estate signs only when the Estate is the beneficiary);
- Each person or entity named as a Beneficiary on the Application who is entitled to receive a distribution is now living or now in existence;
- There are no known disputes as to who is entitled to receive the TOD-Eligible Securities in the Account under the TOD direction, and no known claim that would affect the transfer requested;
- I hereby indemnify and hold harmless you and any of your respective officers, directors, employees, agents or affiliates from liability for any claim, loss or damage which may be created by reason of the transfer of the TOD-Eligible Securities in the Account to the Beneficiary(ies) as requested herein;
- I hereby agree that, if all or any portion of the TOD-Eligible Securities in the Account transferred are determined to belong to another, I shall transfer the portion improperly received and all income therefrom to the person entitled to it; and
- If the TOD account is also a WFBNA collateral account, I understand that any outstanding loan balance will need to be paid in full prior to any distributions.
- Attached are required documents:
 1. Certified copy of the death certificate, probate certificate or court order of the deceased Account Owner and of any deceased Beneficiary named by the Account Owner;
 2. An affidavit of domicile;
 3. If required as determined by the state of domicile, an inheritance tax waiver; and
 4. If signed by the Representative of the Estate of the Account Owner, letters of administration may be needed.

NOTE: A separately completed and signed form must be submitted by either: (i) each Primary and Contingent Beneficiary who is to receive TOD-Eligible Securities from the Account; or (ii) the Representative of the Estate of the Account Owner.

If multiple Beneficiaries are submitting separate copies of this form, only one copy of the required documents needs to be provided. If signed in any representative capacity, include the title when signing.

Name of Beneficiary or Estate Representative	Address	Social Security or Tax ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	City, State	ZIP Code
X	<input type="text"/>	<input type="text"/>

Subscribed and sworn to before me

State _____

This _____ **Day of** _____ **Year** _____

County _____

(Signature of Notary Public)

My Commission Expires _____ **Year** _____