

Request for Distribution of Eligible Assets From a Transfer on Death (TOD) Account

Office Use Only (All fields must be completed)

| | | | |
|------------|---------|---------|----------------|
| Sub Firm # | BR Code | FA Code | Account Number |
|------------|---------|---------|----------------|

Distribution Instructions (List securities on the following pages.)

Tell us how you want to move assets (Please only select one checkbox in this section)

☐ **Move via Journal to another Wells Fargo Advisors Account**

| | |
|------------------------|---------------|
| 8-Digit Account Number | Account Title |
|------------------------|---------------|

☐ **Send assets to another Financial Firm**

| | | | |
|--------------------------|-------------------------|--------------------|--|
| Receiving Account Number | Receiving Account Title | | |
| Receiving Firm Name | Delivery Instructions | Firm or DTC Number | |

Check payments may only be used to transfer available cash. Securities may not be liquidated in the account to generate cash. Check cannot be overnighted to a P.O. Box.

☐ **Check - Payee Information - Make Check Payable To:**

| |
|------------|
| Payee Name |
|------------|

Delivery Instructions - Mail to Address:

| | | | |
|----------------|-------|----------|------------------------------|
| Street Address | | | |
| City | State | ZIP Code | Country (if outside of U.S.) |

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

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC (WFCS), and Wells Fargo Advisors Financial Network, LLC, Members SIPC, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company. WellsTrade and Intuitive Investor brokerage accounts are offered through WFCS.

Securities to be transferred

☐ All (**Do not** list specific securities share/percentage 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)

[illegible]

Additional Securities to be transferred

Dollar amount of monies to be transferred

☐ All (**Do not** list specific securities share/percentage amount below) ☐ All (**Do not** list specific dollar amount to be transferred)

☐ Partial (List specific securities share/percentage amount below) ☐ Partial amount/percentage: \$: _____
(List specific dollar amount to be transferred)

[illegible]

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 TOD Application and Agreement 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: a Beneficiary named on the Application; or 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 Application, 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 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 or otherwise accepted 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.
- If I am requesting to transfer the assets to a person other than the named Beneficiary, I understand and acknowledge that by exercising control over the assets, my instruction will be deemed acceptance by the named Beneficiary and will constitute a waiver of my right to disclaim.
- With respect to any acceptance of the assets, I have discussed the tax/legal consequences with my tax/legal advisor(s) and understand any implications.
- 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, if applicable;
 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: each Primary and Contingent Beneficiary who is to receive TOD-Eligible Securities from the Account; or 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 | Email Address |
| City, State | ZIP Code | Social Security or Tax ID Number |
| Signature | | |

—NOTARY USE ONLY—

The following statement applies to documents notarized in the state of California – A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

—affix notary seal immediately below—

State of: _____

County of: _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____
Authorization date

by: _____
print client name (from above)

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary signature: _____ **My commission expires:** _____

FLORIDA NOTARY (check applicable for 1 and 2 below – both must be completed)

1. How notarized:

☐ subscribed/sworn in my physical presence

☐ subscribed/sworn via online notarization

2. How verified:

☐ signer provided the following identification: _____

☐ signer is personally known to me

_____ print type of identification