

### PAYABLE ON DEATH (P.O.D.) PAYEE FORM - INDIVIDUAL

This addendum is treated as part of, and incorporated within, Owner's Certificate of Participation if, and only if, Owner has designated in his or her Certificate of Participation the intent to create a Payable-on-Death Account by marking the appropriate box.

Investor's Name:	
Address:	
City / State / Zip Code:	
Phone Number:	
Account #:	

<i>P.O.D. # 1</i>	
<input type="checkbox"/> Primary	If multiple primary beneficiaries exist, indicate share %: _____
Name:	
SSN	- -
Address:	
Phone:	
Email:	

<i>P.O.D. # 2</i>	
<input type="checkbox"/> Primary	If multiple primary beneficiaries exist, indicate share %: _____
<input type="checkbox"/> Contingent	
Name:	
SSN	- -
Address:	
Phone:	
Email:	

<i>P.O.D. # 3</i>	
<input type="checkbox"/> Primary	If multiple primary beneficiaries exist, indicate share %: _____
<input type="checkbox"/> Contingent	
Name:	
SSN	- -
Address:	
Phone:	
Email:	

<i>P.O.D. # 4</i>	
<input type="checkbox"/> Primary	If multiple primary beneficiaries exist, indicate share %: _____
<input type="checkbox"/> Contingent	
Name:	
SSN	- -
Address:	
Phone:	
Email:	

Investor Signature \_\_\_\_\_

Date: \_\_\_\_\_