

Transfer on Death Agreement - LEFCU

TO

Beneficiary Information

To be completed by Account Owner. [Note - NOT AVAILABLE TO RESIDENTS OF LA AND PR.] See IMPORTANT NOTICE and paragraph 19-Indemnification attached.

Check one:

New TOD designation and Agreement

Removal of TOD Beneficiary

Change in TOD Beneficiaries

If changing, adding or removing Beneficiaries, please restate all current TOD Beneficiaries.

Account Title _____ Account Number: _____

Beneficiary Designations:

Name of Beneficiary/Entity*	Address of Beneficiary	Relationship to Owner SSN/TIN	Percentage**
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

= 100%

*Note: If beneficiary is a minor who has not reached the age of majority under the UTMA or UGMA statute, Name of Beneficiary should reflect the designated custodian as well as the minor (e.g., John Doe custodian FBO Jane Doe UTMA; Jane Doe custodian FBO John Doe UTMA).

**The total of all percentages must equal 100%. If the percentage column is left blank, equal percentages will be assumed.

For Multiple Beneficiaries

This section must be completed if more than one beneficiary is named above.

If any Beneficiary listed above is not living at the Death of the Account Owner, that Beneficiary's percentage of the funds, securities and assets in the Account shall (check only one box):

Pass to any surviving Beneficiaries in a ratio based upon the surviving Beneficiaries above stated percentages (see paragraph 11).

Pass to the estate of the Account Owner.

If neither box is checked the funds, securities and assets in the Account shall pass to the estate of the Account Owner. The Firm's Transfer On Death Agreement does not provide for contingent or successor Beneficiaries. Any attempt to alter or amend this Agreement to provide for contingent or successor Beneficiaries shall render this entire Agreement null and void.

Client Acknowledgement

Account Owner hereby agrees to the terms of the Firm's Transfer on Death Agreement and acknowledges that Account Owner has been provided with a copy of that Agreement, has reviewed it, and will be bound by its terms.

THIS TRANSFER ON DEATH AGREEMENT MUST BE NOTARIZED IN THE ACKNOWLEDGEMENT ON PAGE 2. THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE AS SET FORTH IN THE LAST PARAGRAPH OF THE AGREEMENT.

X _____ X _____
Signature of Account Holder Date Signature of Account Holder Date

Spousal Consent

This Spousal Consent Section must be completed if ALL of the following conditions are met:

- (a) the Account Owner has a living spouse;
- (b) the Account Owner and the spouse at any time during their marriage resided in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin; and
- (c) the spouse is not an Account Owner of the Account or is not named under this Agreement as the sole Beneficiary of the assets of the Account.

Spousal Consent may be revoked. In order for this revocation to be effective, a letter signed by the Account Owner requesting the revocation of spousal consent must be delivered to the Firm prior to the Account Owner's death. The Firm reserves the right to add to the list of states above in the event any other state shall adopt a system of community or marital property.

X _____ X _____
Signature of Spouse Date Name of Spouse (typed/printed)

Address of Spouse: _____



Acknowledgement

To be completed by Notary Public

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

X _____
Notary Public Signature

Print Name

My Commission Expires: _____



Notary Public Seal (if required)

Acknowledgement - Spousal Consent

To be completed by Notary Public

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

X _____
Notary Public Signature

Print Name

My Commission Expires: _____



Notary Public Seal (if required)

