

**TRANSFER ON DEATH REGISTRATION REQUEST AND AGREEMENT**

**TO: WNC**

INVESTOR(S) NAME: \_\_\_\_\_

PARTNERSHIP NAME: \_\_\_\_\_

CURRENT TITLE:  Individual  Joint Tenants with Rights of Survivorship. Other: \_\_\_\_\_

By signing below, I/we request that my/our investment in the referenced investment identified above be registered in “transfer on death”/“pay on death” form, and designate the following person as the one to whom the investment shall pass after I am/we are deceased: \_\_\_\_\_ Beneficiary’s \_\_\_\_\_  
(Print Investors Name) (Print Name of Beneficiary)

Beneficiary’s Birth Dated: \_\_\_\_\_ Beneficiary’s SS#: \_\_\_\_\_

Additional beneficiaries, if any, are listed on the attachment hereto. Check the following box if this is the case .

By signing below I/we make the following warranties, representations and agreements:

1. You are not required to re-register the investment in the name of the beneficiary unless you have received such documents as you may require establishing that I am deceased/we are both deceased.
2. You may re-register the investment in the name of the beneficiary upon receipt of such documents, even if the beneficiary is also deceased. For beneficiaries who are minors, you may require appointment of a guardian or conservator as a condition of any distribution.
3. You are not responsible for determining the tax consequences of the decision to register this investment as requested above.
4. I/we agree to hold harmless, indemnify and defend you for any claim, loss or liability resulting from (a) any breach of any warranty or representation in this Agreement and (b) any action you take in connection with the registration, any re-registration in the name of the beneficiary and from any distribution thereafter to the beneficiary or for the benefit of the beneficiary, made as requested or authorized under this Agreement.
5. If this Agreement is established under joint tenants with right of survivorship account status, upon the death of one of the joint owners, ownership shall pass to the surviving joint owner and you may follow the instructions of the survivor with regard to the investment, including without limitation, instructions to (a) terminate transfer on death registration or (b) change owner or beneficiary.
6. If I have established this account individually and am married (or jointly and am not married to my joint applicant), my spouse’s waiver has been executed below.
7. You have not provided any legal advice to me and I agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my state, and its effect on my estate and tax planning.

\_\_\_\_\_  
Applicant’s Signature                      Date

\_\_\_\_\_  
Joint Applicant’s Signature                      Date

\_\_\_\_\_  
**Notary Signature & Stamp**

**SPOUSAL WAIVER**  
By signing, I consent to the terms and conditions of this agreement. \_\_\_\_\_  
Signature of Spouse or Joint Applicant’s Spouse

**“Signature(s) must be Notarized and stamped by a certified Notary”**

Mail to: WNC 17782 Sky Park Circle, Irvine, California 92614 Att: Investor Services  
714-662-5565 ext. 600