



# TRANSFER ON DEATH DISTRIBUTION

## BENEFICIARY INFORMATION

I, \_\_\_\_\_ am a designated beneficiary for  
Print Name

account \_\_\_\_\_ registered to \_\_\_\_\_  
Scottrade Account # Print Decedent's Name

My Social Security number is \_\_\_\_\_

My Scottrade account number is \_\_\_\_\_  
Beneficiary Account #

In accordance with the Transfer on Death Beneficiary Plan Agreement ("TOD Agreement"), I am providing this notarized distribution form and a copy of the death certificate. In addition, if I do not have an existing account, I have completed a Scottrade Brokerage Account Application to open a new account. I request that Scottrade transfer the percent of assets indicated in the above TOD Agreement to my Scottrade account, listed above. I understand that in the event that any securities in the account cannot, for any reason, be partitioned and transferred to the beneficiaries equally, Scottrade reserves the right, to the extent necessary, to liquidate the securities and transfer the proceeds of that sale among the beneficiaries according to the percentages indicated. I understand that Scottrade also reserves the right to take no action with regard to distribution until there are clear instructions from each beneficiary or a court of competent jurisdiction.

\_\_\_\_\_  
DATE      **X**  
BENEFICIARY SIGNATURE

Notary:

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned notary public,

personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

**X**  
\_\_\_\_\_  
Notary Public

