

TRANSFER ON DEATH BENEFICIARY PLAN AGREEMENT

In order to have a TOD Beneficiary Plan (Plan) you must open a Scottrade, Inc. (Scottrade) OptionsFirst Brokerage Account for an Individual, Tenants in Common or Joint Tenants with Rights of Survivorship (existing accounts are eligible). Please note, the TOD Beneficiary Plan covers the assets in your Brokerage Account upon your death (or the death of the final account holder). Those assets will be distributed to the beneficiary(ies) designated in this TOD Beneficiary Plan Agreement (Agreement) or in subsequent revisions submitted to Scottrade OptionsFirst. The Plan will take precedence over any estate plan established through a will or a trust, so you are advised to consult with your tax and estate planning professionals prior to signing this Agreement.

Designated Beneficiary Plan Terms and Conditions Please Read This Section Carefully

Amendment of Account Agreement

This Agreement does not replace any of the terms and conditions of your Scottrade OptionsFirst Brokerage Account Agreement and any other agreements between you and Scottrade OptionsFirst that apply to this account, including margin agreements. However, if any of the terms and conditions of this TOD Agreement should conflict with those of any other agreements that apply to your Scottrade OptionsFirst Brokerage Account, as they are amended from time to time, this TOD Agreement will control. Unless otherwise defined, capitalized terms in this TOD Agreement have the same meanings as in the Brokerage Account Agreement.

Limited Availability

Only Scottrade OptionsFirst Brokerage Accounts with Individual, Tenants in Common or Joint Tenants with Rights of Survivorship registrations are eligible for this Plan. Certain accounts, including but not limited to community property accounts and IRA or other retirement accounts, are not eligible for the Plan.

Designation of Beneficiaries

You must designate your beneficiaries in writing on the form provided. Only beneficiaries identified by name will share in the account. The designation of named individuals who may be in the same class as other people (e.g.,children or grandchildren) will not automatically include the other member of the class before or after the date of this Agreement. If it cannot be determined that the beneficiary survived the account holder by 120 hours, the beneficiary will be deemed not to have survived that period.

Changes to Beneficiary Designations

You may change your named beneficiary(ies), change the percentages that you wish to distribute, or revoke your entire TOD Beneficiary Plan at any time in writing. A subsequent beneficiary designation automatically revokes a prior designation of beneficiaries when it becomes effective. In order to be effective, these changes must be made in writing and received by Scottrade OptionsFirst prior to the account holder's death. Scottrade OptionsFirst will not honor any change of beneficiary made in a will or a trust, except when in receipt of a court order. An attorney-in-fact, conservator or other duly authorized and acting representative of the account holder may change the beneficiary designation only when ordered by the court. The court order must be delivered to Scottrade OptionsFirst.

Changes in the relationship between the account holder(s) and any designated beneficiary, including but not limited to subsequent marriage, dissolution of marriage, remarriage or adoption, will not automatically add or revoke designations of beneficiaries. For example, a former spouse would remain a beneficiary after the dissolution of a marriage unless his or her designation as a beneficiary was expressly revoked in writing and received by Scottrade OptionsFirst.

Payment on Death

Your TOD Beneficiary Plan is not effective until the death of the account holder, tenant in common or for accounts held as Joint Tenants with Rights of Survivorship, until the death of the last surviving account holder. (The surviving account holder may change the beneficiary designation(s)). All assets in your TOD Beneficiary Plan must be held at Scottrade OptionsFirst. Transfers to a beneficiary(ies) include any interest, earnings, dividends, etc. associated with these account assets but not paid or credited before the death of the (last surviving) account holder. Scottrade OptionsFirst has no duty to withhold a transfer based on knowledge of an adverse claim unless written notice is given of that claim that affords Scottrade OptionsFirst reasonable opportunity to act. For a Tenant in Common, only your respective percentage ownership of the assets in the account will be distributed to your designated beneficiary(ies).

It is the responsibility of each beneficiary designated under the Plan to notify Scottrade OptionsFirst of the death of the account holder and to provide:

- · A completed TOD Beneficiary Plan Distribution Form, provided by Scottrade OptionsFirst
- · Certified copy of the death certificate
- · Any additional information or documents as Scottrade OptionsFirst may deem necessary or appropriate in its sole discretion.

Suitability of the TOD Beneficiary Plan for You

You acknowledge that Scottrade OptionsFirst has not advised you about the suitability or validity of the Plan, and that Scottrade OptionsFirst recommends that you seek advice from your tax or estate planning professionals prior to signing this Agreement. You further acknowledge that this Plan does not constitute a trust, and that Scottrade OptionsFirst has no fiduciary duty as a trustee under this Agreement. You further acknowledge that it is Scottrade OptionsFirst policy not to give legal or tax advice or to advise you about specific suitability of any particular security, transaction or investment strategy.

Indemnity

In connection with Scottrade OptionsFirst actions in compliance with this Agreement, you, your estate or your successors-in-interest will indemnify and hold Scottrade OptionsFirst, its affiliates, directors, officers, employees and agents harmless from and against all claims, actions, costs and liabilities, including attorneys' fees, arising out of or relating to:

- · Actions taken in opening and maintaining your account or registering the securities in your account.
- · Making distributions upon notice of the death of the (last surviving) account holder pursuant to the terms of this Agreement.
- This Plan being disallowed for any reason.
- Your failure to notify Scottrade OptionsFirst that your primary residence is no longer in a state in which this Plan is available.
- · Any conflicting designations of the assets in your Account by will, revocable living trust or any other instrument.
- · Any written change of designated beneficiaries that you may have made, but has not been received by Scottrade OptionsFirst.

Governing Law

This Agreement is governed by the laws of the state of Missouri and applicable federal law as applied to contracts entered into and performed within Missouri. Please note that page 11, item VII-B of the Scottrade OptionsFirst Brokerage Agreement refers to a predispute arbitration provision.

PLEASE COMPLETE SECTIONS 1 THROUGH 5

Section 4 only required if specifying a contingent beneficiary

Section 6 must be completed by your spouse if you are currently married and
your spouse is not a joint account holder or sole beneficiary.

1.	TOD	BENEFICIARY PL	AN INFORMATION				
Check one of the following options	:						
 ☐ Registering for a TOD Beneficiary Plan Do you currently have a Scottrade OptionsFirst Brokerage Account? ☐ Yes ☐ No (If no, this form must accompany an Account Application) ☐ Previously registered for a TOD Beneficiary Plan and submitting this form only to change beneficiary information. 							
Account Title			Scottrade OptionsFirst Brokerage Account Number				
Address			Account Type				
City	State	ZIP	☐ Joint Tenants with Rights of Survivorship				

2.	PF	RIMARY BENEFICIA	ARY DESIGNATION		
the assets in the account shall be divide event that any securities in the account	who survive the of to the following d equally among cannot, for any re	(last surviving) accoun beneficiaries who surv the beneficiaries. If yo ason, be partitioned a	t holder by 120 hours. At the death of a rive the tenant by 120 hours. Unless d bu designate, please make sure that the and transferred to the beneficiaries equa	a tenant in common, only that tenant's ifferent percentages are indicated below, a allocations add up to 100%. In the illy, Scottrade OptionsFirst shall, to the	
Primary Beneficiary's Name	s and transfer the	Date of Birth	Imong the beneficiaries according to the percentages indicated. Daytime Telephone Designated Percentage		
,				%	
Address			Social Security or Tax ID Number	·	
City	State	ZIP	Relationship to Account Holder		
Primary Beneficiary's Name Date of Birth			Daytime Telephone	Designated Percentage %	
Address		1	Social Security or Tax ID Number		
City	State	ZIP	Relationship to Account Holder		
Primary Beneficiary's Name		Date of Birth	Daytime Telephone	Designated Percentage	
Address			Social Security or Tax ID Number	%	
City	State	ZIP	Relationship to Account Holder		
Primary Beneficiary's Name		Date of Birth	Daytime Telephone	Designated Percentage %	
Address			Social Security or Tax ID Number	70	
City	State	ZIP	Relationship to Account Holder		
If you would like to list additional benefici beneficiaries and contingent beneficiaries	•	ch the information on	this form. Please make sure you clearly	r indicate primary	
3.		OF DECEASED P	RIMARY BENEFICIARY ASSETS		
If any beneficiary listed above is not livin survive the (last surviving) account holds	g at the death of er or tenant in cor	the account holder (or nmon by 120 hours, th	in the case of joint tenancy, the last su	ne):	
shall pass to my estate ar	nd go through pro nt beneficiaries a	bate s listed below (please	complete section 4; assets will be divid		
4.			CIARY DESIGNATION		
Contingent Beneficiary's Name		Date of Birth	Daytime Telephone	Designated Percentage %	
Address			Social Security or Tax ID Number	Relationship to Account Holder	
City	State	ZIP	Name of Primary Beneficiary Received Fr	rom	
Contingent Beneficiary's Name		Date of Birth	Daytime Telephone	Designated Percentage %	
Address			Social Security or Tax ID Number	Relationship to Account Holder	
City	State	ZIP	Name of Primary Beneficiary Received Fr	rom	
Contingent Beneficiary's Name	<u> </u>	Date of Birth	Daytime Telephone	Designated Percentage %	
Address			Social Security or Tax ID Number	Relationship to Account Holder	
City	State	ZIP	Name of Primary Beneficiary Received Fr	rom	
Contingent Beneficiary's Name	<u>I</u>	Date of Birth	 Daytime Telephone 	Designated Percentage %	
Address			Social Security or Tax ID Number	Relationship to Account Holder	
City	State	ZIP	Name of Primary Beneficiary Received Fr	rom	

Should all designated primary and contingent beneficiary(ies) dislocaim the assets, predecease the account holder or not survive the (last surviving) account holder by 120 hours, the assets will be distributed to the (last surviving) account holder's estate.

5.	DIRE	CTIONS FOR DISTRIBUTION	IS OF ASSETS TO MINOR BEN	1EFICIARIES		
Pleas	e check one:					
А. П	None of my designated ben	eficiaries are minors				
В. 🗌	each instance that the asset		t Scottrade OptionsFirst, manag dian for the designated minor, tholder's state of residency.			
C. 🗆	I did not check 5B above, a under on-going court super	nd understand that a court-app vision; this is acceptable to me	ointed guardian may be appoint	ed to manage the minor's	assets	
If you	have checked 5B, please l	ist the custodian for each mi	nor beneficiary.			
Name			As Custodian For (Name of Minor Beneficiary)			
			·	•		
Name			As Custodian For (Name of I	Minor Beneficiary)		
Name			As Custodian For (Name of I	Minor Beneficiary)		
Name			As Custodian For (Name of I	Minor Beneficiary)		
		Are y	ou married?			
		□No □Yes (if yes, please complete section	6)		
6.		SPOUS	AL CONSENT			
			account holder or tenant in co nant with rights of survivorsh		not named as	
The un	dersigned hereby declares t	that he/she is the spouse of the	e account holder of the TOD Ber	neficiary Plan and consen	ts to any	
design	ation of beneficiaries made	whatsoever and whensoever b	y the account holder for this Agr	eement. Unless Scottrade	e OptionsFirst has	
			d's written consent, the undersig a result of any distribution to said			
Agreer	nent. This consent shall app	ly to all assets in the account ι	ipon the death of the account ho	older. The undersigned ca	in revoke this	
	it by executing a letter of au sFirst prior to the account ho		unt holder and the undersigned)	, which must be received	by Scottrade	
	re of Spouse	Date	Signature of Witness* (Requi	red)	Date	
Name o	f Spouse		Name of Witness (Please Typ	e of Print)		
•						
Address			Address	Address		
City/Sta	to	ZIP	City/State		ZIP	
City/Cita	ie	2"	City/State			
* This	witness may not be the acco	ount holder, a Scottrade Option	sFirst employee or any designat	ted beneficiary of these a	ccount assets.	
SIGN	ATURES REQUIRED (For	Joint Accounts, this Agreem	ent must be signed by all Acc	ount Holders)		
		V				
X						
Print Name Signature			Date			
		X				
Print	Name	Signature		Date		
		FOR SCOTTRADE	OPTIONSFIRST USE ONLY			
	A.E. Approval	Date	Branch Manager	Date		

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