

TRANSFER ON DEATH REGISTRATION FORM

Please complete this form to establish a Transfer on Death ("TOD") account registration and to designate a beneficiary or beneficiaries for your TOD account.

1

ACCOUNT INFORMATION

Please provide us with your current Westcore account information.

Westcore Account Number

Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Co-Owner's Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Email Address (optional)

Telephone Number

2

TOD REGISTRATION

This TOD Beneficiary Designation is: (select one)

An original TOD Account Beneficiary Designation

A change to an existing TOD Account Beneficiary Designation

3

DESIGNATION OF BENEFICIARY

- I/We wish to create a Transfer on Death ("TOD") registration for the above-mentioned account ("The Account"). I/We hereby designate the following individual(s) below Beneficiary(ies) to receive all assets held in The Account upon my death, or the death of the last surviving account owner in the case of a joint account. I/We may change the designation of beneficiary(ies) at any time by completing a new TOD Registration Form and returning it to Westcore Funds.
- Westcore Funds will rely on the latest Beneficiary Designation on record and no change in Beneficiary shall be effective until received and accepted by Westcore Funds.
- **Beneficiary(ies):** (If the sum of all beneficiary distribution percentages does not total 100%, Westcore Funds will assume equal distribution.)

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

% of Account

4

YOUR SIGNATURE

- I hereby revoke any previous Beneficiary Designation made by me in connection with the Westcore Account referenced in Section 1 of this form.
- I understand that upon my death or the death of the surviving account owner, if the account is owned by more than one person, Westcore Funds may require my beneficiary(ies) to provide certain documents prior to instructing Westcore Funds regarding the account assets.
- By signing below you authorize Westcore Funds to make the changes as indicated on this form.

Signature of Owner

Date

Signature of Joint Owner (if any)

Date

Mail to: Westcore Funds
 P.O. Box 44323
 Denver, Colorado 80201-4323