# Transfer on Death (TOD) Agreement



Use this form to request or update a transfer on death (TOD) beneficiary designation for your **non-retirement** accounts. Before you complete the form, please review the accompanying TOD rules and discuss establishing TOD directions with your attorney to ensure your TOD designation is consistent with your estate and tax planning.

#### Please also note:

- A TOD designation will only be accepted for non-retirement individual accounts, accounts owned by joint tenants with rights of survivorship and accounts owned by tenants by the entireties.
- This agreement cannot be used for IRAs, Roth IRAs or other retirement plan account(s). Please contact us for the appropriate form.
- American Century Services, LLC ("American Century") will pay benefits upon the death of the account owner (or the last surviving joint account owner) and only to beneficiaries living at the time of the account owner's death. If you wish to include a per stirpes designation, contact us for the appropriate form.
- Be sure to obtain spousal consent in step 5, as needed.
- If a trust is your beneficiary, submit a copy of the title page, signature page, and any other pages of the trust document that reveal the order of successor trustees.
- Review and update your designation periodically, especially if there is a change in your family status (marriage, divorce, birth/adoption of children, death) or if the information for a beneficiary changes. In the event of a divorce, a designation of a former spouse is revoked.

Please print clearly in CAPITAL letters using black ink.

Taxable owner's first name	Middle initial	Last name
U.S. Social Security number	Date of birth (mm-dd-yyyy)	
Co-owner's first name	• Middle initial	Last name
U.S. Social Security number	Date of birth (mm-dd-yyyy)	Please check this box if the taxable owner is your spouse.
Indicate How to Apply t	he Designation	
Please mark the box next to on account in a different American	e of the options below. If you later en Century Investments fund, we will a	xchange shares to a new identically-register automatically apply the TOD designation to the
Please mark the box next to on account in a different American new account. Identically-registe  Apply the TOD designation	e of the options below. If you later en Century Investments fund, we will a red TOD accounts must have an ide	automatically apply the TOD designation to to the ntical TOD designation.  match the ownership shown in step 1. <i>Note:</i>
Please mark the box next to on account in a different Americar new account. Identically-registe  Apply the TOD designation requesting TOD for individu	e of the options below. If you later en Century Investments fund, we will a red TOD accounts must have an ide	automatically apply the TOD designation to the
Please mark the box next to on account in a different Americar new account. Identically-registe  Apply the TOD designation requesting TOD for individu	e of the options below. If you later en Century Investments fund, we will a pred TOD accounts must have an ide to all non-retirement accounts that half and jointly-held accounts, pred to all and jointly-held accounts, pred to all accounts, pred to all and jointly-held accounts, pred to all accounts.	automatically apply the TOD designation to to to the nation to the n

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## 3

### **Designate Your Primary Beneficiaries**

Please provide all requested information about each beneficiary. If you would like to list more than four primary beneficiaries, photocopy this page and attach it. Please keep in mind that if any of your primary beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining primary beneficiaries.

**Joint Accounts: Do not name a joint owner as beneficiary.** Upon the death of an owner, the surviving owner(s) continue(s) to own the account. Your TOD designation is effective after all owners are deceased.

In the event of my death, transfer the ownership of my shares to:

First name	Middle initial Last name		Suffix	Indicate
OR Trust or entity name				Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	. Relation	nship to you	
First name			· Suffix	
OR Trust or entity name				Indicate Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	. Relation	nship to you	
First name	Middle initial Last name		Suffix	Indicate
<b>OR</b> Trust or entity name				Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	. Relation	nship to you	
First name	Middle initial Last name		Suffix	Indicate
OR Trust or entity name				Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	. Relation	nship to you	
If you do not indicate percer	ntages, benefits will be paid in equal s	shares.		Total must equal 100%

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### **Designate Your Secondary Beneficiaries**

Please provide all requested information about each beneficiary. If you would like to list more than four secondary beneficiaries, photocopy this page and attach it. Please keep in mind that if any of your secondary beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining secondary beneficiaries.

#### If none of my primary beneficiaries are living at the time of my death, transfer the ownership of my shares to:

First name	Middle initial Last name		Suffix	Indicate
OR Trust or entity name				Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	 Relation	nship to you	
First name			·Suffix	
OR Trust or entity name				Indicate Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relation	nship to you	
First name			· Suffix	Indicate Percentage
<b>OR</b> Trust or entity name				for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	. Relation	nship to you	
First name	Middle initial Last name		Suffix	
OR Trust or entity name				Indicate Percentage for this Beneficiary
Street address	City	State	ZIP	%
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	. Relation	nship to you	
If you do not indicate percer	ntages, benefits will be paid in equal s	shares.		Total must equal 100%

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### 5

### **Obtain Spousal Consent, if Necessary**

If you are the sole owner of the account(s) listed on this agreement and you are married but your spouse is not your sole primary beneficiary, your spouse's consent may be required if you reside in a Community Property state.

It is your responsibility to determine if such spousal consent is required and to ascertain if the spousal consent language on this agreement satisfies applicable state statutes. The Corporation, any affiliate and/or any of their directors, trustees, employees and agents are not liable for any consequences resulting from an investor's failure to obtain and provide spousal consent.

#### **Spousal Consent:**

As the spouse, by signing my name below, I acknowledge that:

- I have read this beneficiary designation form and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to this designation form and understand that if I were to decline to sign this consent, as the account owner's surviving spouse, I may be entitled to 100% of any death benefits payable at the time of the account owner's death.

Spouse's signature	Date	Printed Name

## 6

#### **Review TOD Agreement and Sign Your Name Below**

Before signing, carefully read and comply with the following TOD agreement and the requirements printed on the front page. Each registered owner must sign below exactly as his or her name appears on the account registration.

By signing below, I/we understand that:

- This agreement applies to shares registered in beneficiary form in any of the Corporations, as defined in the TOD rules.
- All TOD accounts registered identically with American Century must have the same TOD beneficiary designation.
- All previous TOD beneficiary designations for my/our American Century account(s) indicated in step 2 are revoked. I/we understand that I/we may change the TOD
  designation at any time and that the change is effective when American Century receives it in writing and accepts it. If the TOD designation is not accepted, any prior
  designation will remain in effect.
- This TOD designation must be received and accepted by American Century Investments prior to my/our death(s) in order for it to be valid.
- This TOD designation is not revoked or changed by any provision of my will, personal trust or other separate agreement (e.g., prenuptial agreement or divorce settlement agreement). Only beneficiary revocations and designations filed with and accepted by American Century are considered valid and enforceable.
- Acceptance and execution of TOD directions is a matter of contract between the Corporations and me/us and is subject to the rules adopted by the Corporations, whose
  rules are incorporated by reference in this agreement.
- I/we hereby instruct the Corporations and American Century to register the shares held in the referenced account(s), or to be established by the accompanying application, in beneficiary form, assigning ownership on my/our death(s) to the designated beneficiaries. I/we direct the Corporations to transfer these shares and any shares into which these shares have been exchanged, in accordance with this direction and the rules of the Corporations respecting TOD directions.
- American Century and the Corporations, including any affiliate and/or any of their directors, officers, trustees, employees and agents, are not liable for any consequences resulting from my/our failure to provide any necessary spousal consent.
- The Corporations accept this agreement to register shares in beneficiary form in Kansas City, Missouri.
- By registering or reregistering these shares in accordance with the TOD designation, the Corporations agree to execute it in accordance with the rules of the Corporations
  and the Missouri Nonprobate Transfers Law, Chapter 461, RSMo. Missouri law shall govern all aspects of this agreement, including nonprobate TOD, and all conflicts or
  litigation over or resulting from this agreement shall be heard in Missouri courts.

	Signature	Date	Printed name	
,	Signature	Date	Printed name	

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