

# Certification of Entitlement to TOD Account

Re: First Investors Account # \_\_\_\_\_

TOD

Owner's Name (**print**) \_\_\_\_\_ Beneficiary's Name (**print**) \_\_\_\_\_

I hereby certify:

(1) I am the Beneficiary (or duly authorized representative of the Beneficiary) named in the above account. My name, social security number, date of birth and address are:

Beneficiary's Name (or duly authorized representative of the Beneficiary) (**print**) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(2) I make this Certification to induce ADM to transfer/liquidate the above-captioned account in accordance with my instructions.

(3) The Account Owner died on \_\_\_\_\_, as shown by the attached certified death certificate.  
Date of Death

(4) At the Account Owner's death, Account Owner was a resident of: \_\_\_\_\_, which (select one):  
State

- (a) requires inheritance tax waivers, which are attached; or
- (b) requires affidavit of domicile, which is attached.

(5) I know of no disputes or claims to the account which would affect the transfer/liquidation I have requested.

(6) Subject to the foregoing representations, I hereby instruct ADM to transfer/liquidate the above-referenced account as follows (select one):

- (a) transfer the shares into a new customer account (Master Account Application is attached); or
- (b) transfer the shares into an existing customer account # \_\_\_\_\_  
13-digits
- (c) liquidate account and mail proceeds to the Beneficiary's name and address listed in Section 1 above.

I authorize First Investors to act in accordance with the above instructions. I understand that if shares are transferred, they will be transferred in the same fund as they are currently invested. I indemnify and hold harmless First Investors Corporation and its affiliates, as well as its and their directors, officers, employees, agents, managers and representatives from and against any and all damages, claims, or causes of actions arising out of or in any way connected with this transaction.

**TAXPAYER CERTIFICATION. The Internal Revenue Service ("IRS") does not require your consent to any provision of this document other than the certification required to avoid backup withholding.** Under penalty of perjury, I certify that (1) the number shown on this application is my correct taxpayer identification number (or I am awaiting a number to be issued to me) and (2) I am not subject to backup withholding because (A) I am exempt from backup withholding, or (B) I have not been notified by the IRS that I am subject to backup withholding, or (C) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person. You must strike out (2) above if you are subject to backup withholding.

**Affix Medallion Signature Guarantee Here, If Required:**  
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.



Signature of Beneficiary (or duly Authorized Rep of Beneficiary) \_\_\_\_\_ Date \_\_\_\_\_

**SG**

**SG** denotes a signature guarantee is required.

**I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.**

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal's # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	