

# Transfer on Death Letter of Authorization

## Letter of Authorization

The Transfer on Death Letter of Authorization enables distribution of a decedent's account holdings upon death.

Please complete and return a copy of the Letter of Authorization to effect the transfer of your designated assets.

Please note, a Letter of Authorization for each beneficiary must be on file before the account holdings can be distributed.

Documents can be returned via fax or mail:

Fax to: **917.778.0797**

OR

**Merrill Document Processing**  
**PO Box 31024**  
**Tampa, FL 33631-3024**

## Document completion checklist

**Death certificate**

**Affidavit of Domicile**

**Notarized Letter of Authorization from each beneficiary**

**Tax waivers (if applicable)**

## Letter of Authorization Completion Guide

### Section 1

**Decedent's account number and beneficiary information**

### Section 2

**Distribution and new account options**

### Section 3

**Signature and acknowledgment — must be executed in the presence of a notary**

**For notarial executions in the state of California, please complete and notarize Section 3A on page 3; all other states must use page 2**

**Notary information, signature and seal**

## Any questions?

Please contact us if you have any questions regarding this form, or if you are unsure of the beneficiaries designated to the account.

**Merrill Life Services 855.450.9015.**

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<b>Are Not FDIC Insured</b>	<b>Are Not Bank Guaranteed</b>	<b>May Lose Value</b>
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# Transfer on Death Letter of Authorization

## Section 1. Account and Beneficiary Information

Decedent's Merrill account number (required):

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This letter is regarding the distribution to the beneficiaries of \_\_\_\_\_ and may be used as my Letter of Authorization to make the appropriate distribution of the funds in the above-referenced account:

Beneficiary name

.   %  
Beneficiary percentage (%)

Beneficiary SSN/EIN

Beneficiary phone number

Beneficiary email address

## Section 2: Distribution Options

**Please note this account must be closed;** we cannot remove or add a name to this account. We cannot liquidate any assets inside of the account. **Please also note** that upon distribution of shares to the beneficiaries, any fractional or odd shares will be liquidated and the proceeds distributed equally among the beneficiaries.

**Please indicate how you would like to receive your distribution share:**

Transfer to my existing Merrill account number

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Transfer to my new Merrill Advisory Center account number

- To open a Merrill Advisory Center account, contact our New Account Support Team at **888.657.8278**, option 1, between 8 a.m. and 9:30 p.m. Eastern, Monday through Friday.

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Transfer to my new Merrill Edge® Self-Directed account number

- To open a Merrill Edge® Self-Directed account visit [merrilledge.com](http://merrilledge.com).

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To discuss additional distribution options, please call Merrill Life Services at **855.450.9015**.

## Section 3. Acknowledgment and Notary (FOR USE IN ALL STATES EXCEPT CA AND FL)

PLEASE NOTE THAT ALL FIELDS MUST BE COMPLETED BY THE NOTARY (EXCEPT THE SIGNATURE OF THE BENEFICIARY) OR THE DOCUMENT WILL BE REJECTED.

THIS ACKNOWLEDGMENT MAY NOT BE USED BY CALIFORNIA NOTARIES. CALIFORNIA NOTARIES ARE TO USE THE ATTACHED ACKNOWLEDGMENT (ON PAGE THREE) OR THE NOTARIAL ACKNOWLEDGMENT AVAILABLE ON THE CALIFORNIA SECRETARY OF STATE WEBSITE.

By signing below, you authorize MLPF&S to divide each TOD Asset (as defined in the MLPF&S TOD Agreement) in the MLPF&S TOD Account according to the percentages designated by the TOD Account Owner for each such TOD Beneficiary named by the Account Owner. Upon receipt of a signed and notarized TOD Beneficiary Letter of Authorization from each TOD Beneficiary named by the Account Owner, the TOD Assets will then be transferred to the account(s) designated by each such TOD Beneficiary on the respective TOD Beneficiary Letter of Authorization form. In the event that the TOD Assets cannot be divided into amounts which may be properly transferred, MLPF&S may divide or liquidate any TOD Asset in any manner it deems appropriate so as to best conform to the percentages set forth in the "Beneficiary Designations" section of this Agreement. Any liquidation of TOD Assets may result in taxable consequences.

Signature of beneficiary

Date

State of

County of

The foregoing instrument was acknowledged before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same (Insert signor's name, NOT notary's name) in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon which the person acted, executed the instrument.

**PLEASE CHECK ONE OF THE FOLLOWING (REQUIRED):**

☐ Personally known to me **OR** ☐ Produced identification

**WITNESS** my hand and official seal.

Type of identification produced

Signature of notary

Print name of notary public

My commission expires

### Section 3A. Acknowledgment and Notary State of California (Must be completed by notaries licensed in the State of California)

#### Signature and Notarization – State of California

Notarization of beneficiary signature (required)

\_\_\_\_\_  
Signature of beneficiary  
(To be acknowledged in the presence of a notary)

\_\_\_\_\_  
Date

#### State of California

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

On \_\_\_\_\_ Before me, \_\_\_\_\_  
(Date) (Insert name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence  
(Insert signor's name, NOT notary's name)

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

**WITNESS my hand and official seal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Seal

### Section 3B. Jurat for Florida (Must be completed by notaries licensed in the State of Florida)

**Must be signed in the Presence of Notary.** Please note that all fields, including the boxes below, must be completed by the Notary Public or the document will be returned. This jurat must be used by notaries in Florida.

\_\_\_\_\_  
Signature of Declarant  
**Notarization is required** MM DD YYYY

State of Florida County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

(Insert signor's name, NOT notary's name)

\_\_\_\_\_  
Signature of notary public (Affix seal or stamp)

\_\_\_\_\_  
Print name of notary public

#### PLEASE CHECK ONE OF THE FOLLOWING (REQUIRED):

☐ Personally known **OR** ☐ Produced identification

\_\_\_\_\_  
Type of identification produced