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: **866.994.7807**

OR

Merrill Edge P.O. Box 29002 Hot Springs, AR 71903-9002

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 Edge Life Services 855.450.9015.

DOCUMENT COMPLETION CHECKLIST
☐ Death Certificate
☐ Affidavit of Domicile
$\hfill \square$ 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 acknowledgement — 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
$\hfill \square$ Notary information, signature and seal

Merrill Edge is available through Merrill Lynch, Pierce, Fenner & Smith Incorporated ("MLPF&S") and consists of the Merrill Edge Advisory Center (investment guidance) and self-directed online investing.

MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of Bank of America Corporation ("BofA Corp."). Banking products are provided by Bank of America, N.A. and affiliated banks, Members FDIC and wholly owned subsidiaries of BofA Corp.

Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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TRANSFER ON DEATH LETTER OF AUTHORIZATION			
Section 1. Account and Beneficiary Information			
Decedent's Merrill Edge account number (required):			
This letter is regarding the distribution to the beneficiaries of			
	0/0		
Beneficiary name	Beneficiary percentage (%)		
Beneficiary SS#/EIN Beneficiary phone number	er Beneficiary email address		
Section 2: Distribution Options			
Please note this account must be closed; we cannot remove or add a name Please also note that upon distribution of shares to the beneficiaries, any fracamong the beneficiaries.			
Please indicate how you would like to receive your distribution share:			
\Box Transfer to my existing Merrill Edge® or Merrill Lynch® account number			
\Box Transfer to my new Merrill Edge Advisory Center $^{\!\scriptscriptstyleTM}$ account number			
 To open a Merrill Edge Advisory Center™ account, contact our Concierge T option 1, between 8 a.m. and 9:30 p.m. Eastern, Monday through Friday. 	eam at 888.657.8278,		
$\hfill\square$ Transfer to my new Merrill Edge self-directed account number			
• To open a Merrill Edge self-directed account visit merrilledge.com.			
To discuss additional distribution options, please call Merrill Edge Life Services at 8	55.450.9015.		
Section 3. Acknowledgement and Notary			
PLEASE NOTE THAT ALL FIELDS MUST BE COMPLETED BY THE NOTAL DOCUMENT WILL BE REJECTED.	RY (EXCEPT THE SIGNATURE OF THE BENEFICIARY) OR THE		
THIS ACKNOWLEDGEMENT MAY NOT BE USED BY CALIFORNIA NOTAR ACKNOWLEDGEMENT (ON PAGE THREE) OR THE NOTARIAL ACKNOWL OF STATE WEBSITE.			
By signing below, you authorize MLPF&S to divide each TOD Asset (as d according to the percentages designated by the TOD Account Owner for of a signed and notarized TOD Beneficiary Letter of Authorization from then be transferred to the account(s) designated by each such TOD Bene In the event that the TOD Assets cannot be divided into amounts which Asset in any manner it deems appropriate so as to best conform to the Agreement. Any liquidation of TOD Assets may result in taxable consequences.	each such TOD Beneficiary named by the Account Owner. Upon receipt each TOD Beneficiary named by the Account Owner, the TOD Assets will eficiary on the respective TOD Beneficiary Letter of Authorization form. may be properly transferred, MLPF&S may divide or liquidate any TOD percentages set forth in the "Beneficiary Designations" section of this		
Signature of beneficiary	Date State of County of		
The foregoing instrument was acknowledged before me, a notary public, this _	day of, 20 by d to the within instrument and acknowledged to me that he/she executed the same		
(Insert signor's name, NOT notary's name) , the person whose name is subscribed in his/her authorized capacity, and that by his/her signature on the instrument of the instrum			
PLEASE CHECK ONE OF THE FOLLOWING (REQUIRED):			
\square Personally known to me $\ \mathbf{OR} \ \square$ 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. Acknowledgement 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 Date (To be acknowledged in the presence of a notary) 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 Before me, (Insert name and title of the officer) _, who proved to me on the basis of satisfactory evidence personally appeared. (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 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.

Seal

Signature