



# Transamerica Funds Transfer on Death (TOD) Beneficiary Form (For non-retirement accounts only)

Use this form to add or change Transfer on Death (TOD) beneficiary information on your Transamerica Funds account. DO NOT use this form to change beneficiary information on retirement or education savings accounts. Forms for other types of account maintenance are available on our website at www.TransamericaFunds.com. For assistance call Transamerica Fund Services, Inc. at 1-888-233-4339. TOD Beneficiary information is optional and available only for individual and joint tenants with rights of survivorship registrations. This option is not available for any other account types, including Tenants in Common, community property with no rights of survivorship, or UTMA/UGMA registrations.

## Section One — Account Registration

Name of Primary Owner

Name of Co-Owner

Address as shown on your account

City	State	Zip Code
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Social Security Number	Date of Birth
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E-Mail Address	Daytime Telephone Number
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## Section Two — Accounts

Fund Number and Account Number

Fund Number and Account Number

Fund Number and Account Number

Fund Number and Account Number

## Section Three — Transfer on Death Beneficiary Information

For each beneficiary noted, indicate if the person or entity is a primary beneficiary (PB) or contingent beneficiary (CB). If the type of beneficiary is not indicated, primary beneficiary will be assumed. Percentages will be split equally if not specified. (All fields must be completed)

Name	Relationship (if a person)	PB/CB
Social Security or Tax Identification Number	Date of Birth (if a person)	%
Name	Relationship (if a person)	PB/CB
Social Security or Tax Identification Number	Date of Birth (if a person)	%
Name	Relationship (if a person)	PB/CB
Social Security or Tax Identification Number	Date of Birth (if a person)	%
Name	Relationship (if a person)	PB/CB
Social Security or Tax Identification Number	Date of Birth (if a person)	%

**NOTE:** If you would like to name additional primary or contingent beneficiaries, please attach a Letter of Instruction that provides the same information being requested in Section Three above.

# Transamerica Funds Transfer on Death (TOD) Beneficiary Form

## Section Four — Signature

By completing this form, you agree to the following: I hereby instruct Transamerica Fund Services, Inc. to transfer all shares of the above noted account(s) directly to the designated beneficiaries on my death. I have the right to change or revoke the beneficiary information at any time by written notice that is deemed acceptable by Transamerica Fund Services, Inc. I request that the mutual fund account(s) noted above be registered as Transfer on Death (TOD) account(s) under the Florida Uniform Transfer on Death Security Registration Act. I assign ownership on my death to the beneficiary(ies) named above. I direct Transamerica Fund Services, Inc. to transfer the shares in such accounts and any unpaid dividends and capital gain distributions in accordance with these directions and provisions of applicable law. If any of my accounts are established as a joint account with a right of survivorship, no transfer of ownership of shares may occur until the death of all account owners under this beneficiary designation. I understand that Transamerica Fund Services, Inc. will use the "per capita" method of beneficiary designation, whereby beneficiary rights end with the death of the beneficiary, unless I request "Lineal Descendants Per Stirpes" or "LDPS", whereby share ownership passes to the legal heirs of the primary beneficiary in the event a designated beneficiary dies before the account owner. I further understand that, for my privacy, the beneficiary(ies) will not be listed in the account registration(s), and that it is my sole obligation to ensure at all times that the proper beneficiary has been designated to the above noted account(s).

**Signatures from both account owners are required if this is a joint account.**

Primary Owner Signature	Date
Co-Owner Signature	Date
Co-Owner Signature	Date

**Mail the completed and signed form to Transamerica Fund Services, Inc.:**

**Regular Mail**

Transamerica Fund Services, Inc.  
P.O. Box 219945  
Kansas City, MO 64121-9945

**Overnight Mail**

Transamerica Fund Services, Inc.  
330 W. 9th Street  
Kansas City, MO 64105

**For assistance call Transamerica Fund Services, Inc. toll-free at 1-888-233-4339, Monday through Friday.**