



TOD DESIGNATION
 Park Place Corporate Center One
 1000 Commerce Dr., Suite 410
 Pittsburgh, PA 15275

A. Primary Account Owner

First Name	MI	Last Name
Investor Atlas ID #	email address	

B. Joint Account Owner (if applicable)

First Name	MI	Last Name
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C. Beneficiary(ies)**

I hereby designate the following person(s) as my beneficiary(ies). If I live in a state with community property statutes and do not designate my spouse as the sole primary beneficiary, I represent and warrant that my spouse has consented to such designation. **NOTE:** Units cannot be split below one-half (0.5) per beneficiary.

Primary Beneficiary Contingent Beneficiary _____ Unit(s)

Beneficiary Name	Date of birth	Relationship
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Mailing Address

Social Security Number	Phone	email address
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Primary Beneficiary Contingent Beneficiary _____ Unit(s)

Beneficiary Name	Date of birth	Relationship
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Mailing Address

Social Security Number	Phone	email address
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Medallion Guarantee Required:

Signature of account owner

Print name **Date**

Signature of joint account owner

Print name **Date**

** attach additional page for more beneficiaries