



Transfer on Death Account Agreement



- i** Please refer to Form 3214-inst for complete instructions.
- Complete this form to establish or change a Transfer on Death (TOD) designation pursuant to the Minnesota Uniform TOD Security Registration Act. Minnesota residency not required.
- TOD is available only for non-qualified Brokerage, SPS *Advantage*, SPS Advisor, *Ameriprise ONE*® Financial Account, Select Separate Account, Smart Trade, Certificate and Mutual Fund accounts registered in Joint Tenancy and Tenants by Entirety and Individual ownership.

- !** Annuity Beneficiary Designations use Form 33032.
- Custodial IRA Plan Investments use Form 3993.

Client ID Number

Non-Qualified Account Numbers if known

Non-Qualified Account Names if new account numbers are not known

Non-Qualified Account Numbers and Account Names

Non-Qualified Account Numbers if known	Non-Qualified Account Names if new account numbers are not known
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Part 1 Owner and Account Information

Owner Name

Joint Owner Name

Part 2 Beneficiary Designation (Choose only one option. Do not write children's name if submitting option A-D.)

Change of Beneficiary

The undersigned hereby revokes any and all prior beneficiary designations and/or elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. To determine when the death benefit will be payable to the beneficiary, refer to the General Instructions section of this form.

The undersigned hereby requests that the named beneficiary of said account be changed as follows. Choose only one option and show full names of all beneficiaries. For options A-D, do not list children's names, these will be requested at claim time.

Be sure to review your designation with your legal advisor.

- A. Spouse if Living, if not, Lawful Children With Rights of Survivorship.***

Beneficiary is: ","

Owner's spouse, if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

(Note: Step children, foster children, etc. are not included; use Option E, Other instead.)

Sign on Page 5



Beneficiary Designation continued

B. Spouse if Living, if not, Lawful Children With Rights of Survivorship per Stirpes.*

Beneficiary is: " _____ ,"
spouse if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.
(Note: Step children, foster children, etc. are not included; use Option E, Other instead.)

C. Lawful Children With Rights of Survivorship. Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.
(Note: Step children, foster children, etc. are not included; use Option E, Other instead.)

D. Lawful Children With Rights of Survivorship per Stirpes. Beneficiary is: The children legally born to, or legally adopted by, the owner equally; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.
(Note: Step children, foster children, etc. are not included; use Option E, Other instead.)

i Additional Instructions for Options E and F

- If an attachment is required to complete the beneficiary designation, make sure that the attachment contains the account number, sign date and all appropriate signatures.
- Be sure the Primary (P) and Secondary (S) designations each total 100% or fractions that equal one.
- Although not required, providing the date of birth and Social Security number for beneficiaries will assist us in locating the beneficiaries when necessary.
- If a Testamentary Trust is designated, please provide the article and paragraph number from the Will in the designation. The execution of this designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the Trustee(s)' appointment. In the event there are multiple testamentary trusts and the trust is not clearly identified, settlement may be delayed because a court order may be required at time of settlement.
- Unless specifically noted on this form, all designations will be considered to be equally with rights of survivorship.
- All beneficiary designations are subject to the approval of the corporate office.
- Provide a street address for any non-immediate family members or organization named.

E. Other. The designation below is considered to be with rights of survivorship. If a primary beneficiary pre-deceases the owner, the share a primary beneficiary would have received had he or she survived the owner will be divided proportionately among the surviving beneficiaries. In the event no primary beneficiary survives, the secondary beneficiaries will receive the assets pursuant to the allocation identified below. In the event a secondary beneficiary pre-deceased the owner, then the secondary beneficiary's share will be divided proportionately among the surviving secondary beneficiaries.

Select Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	Percentage or Fraction* _____	Date of Birth (MMDDYYYY) _____
Beneficiary Name* (provide full name of Person, Trust, or Organization designated as beneficiary) _____		Trust Date* (if Trust named) _____
Relationship* (identify the relationship between this beneficiary and the owner) _____		Social Security Number _____
Address of Beneficiary _____		
City _____	State _____	ZIP code _____

Select Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	Percentage or Fraction* _____	Date of Birth (MMDDYYYY) _____
Beneficiary Name* (provide full name of Person, Trust, or Organization designated as beneficiary) _____		Trust Date* (if Trust named) _____
Relationship* (identify the relationship between this beneficiary and the owner) _____		Social Security Number _____
Address of Beneficiary _____		
City _____	State _____	ZIP code _____



Select Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		Percentage or Fraction*	Date of Birth (MMDDYYYY)
Beneficiary Name* (provide full name of Person, Trust, or Organization designated as beneficiary)			Trust Date* (if Trust named)
Relationship* (identify the relationship between this beneficiary and the owner)			Social Security Number
Address of Beneficiary			
City		State	ZIP code

Select Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		Percentage or Fraction*	Date of Birth (MMDDYYYY)
Beneficiary Name* (provide full name of Person, Trust, or Organization designated as beneficiary)			Trust Date* (if Trust named)
Relationship* (identify the relationship between this beneficiary and the owner)			Social Security Number
Address of Beneficiary			
City		State	ZIP code

Select Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		Percentage or Fraction*	Date of Birth (MMDDYYYY)
Beneficiary Name* (provide full name of Person, Trust, or Organization designated as beneficiary)			Trust Date* (if Trust named)
Relationship* (identify the relationship between this beneficiary and the owner)			Social Security Number
Address of Beneficiary			
City		State	ZIP code

F. Text Other. This beneficiary designation is considered to be with rights of survivorship if you do not indicate otherwise. If you are using an attachment to provide a free-form beneficiary designation, the attachment must also be signed and dated by all owners of the account(s) and all account numbers must be listed.

* Items marked with an asterisk are required.

**Part 3 Minor Beneficiaries**

Minor Beneficiaries: If any beneficiary listed in this form is a minor, I hereby request that proceeds be paid to _____ as custodian under the _____ (name of state) UTMA (not available in Vermont). In the event that the custodian named above is unable to serve at the time of settlement, I designate _____ as successor custodian.

Part 4 Transfer on Death Account

I, the owner of the listed account(s) desire to establish a Transfer on Death (TOD) designation pursuant to the Minnesota Uniform TOD Security Registration Act (the Act). Upon my death (or upon the death of the last survivor of us), Ameriprise Financial, Inc., Ameriprise Certificate Company, Ameriprise Financial Services, LLC, and American Enterprise Investment Services Inc., (individually or collectively "company") shall distribute my account according to the terms and conditions of this Agreement, filed at Ameriprise Financial, Inc.'s principal place of business in Minneapolis, Minnesota. In consideration of company acceptance of my TOD registration, I* agree as follows:

1. **Secondary Beneficiaries.** I understand that if no survivorship provision is indicated in my TOD registration, any funds earmarked to a beneficiary who precedes me in death will be paid to my estate.
4. **Previous TOD Registrations.** I acknowledge and agree that any TOD registration or Declaration of Revocable Trust previously created with respect to the account(s) listed, is hereby revoked.
5. **Fiduciaries.** I understand and acknowledge that no agent, attorney-in-fact, conservator, guardian, or other person acting in my behalf may name or change the beneficiaries, except if allowed in Power of Attorney document or by court order. This provision shall not prohibit the sale or pledge of my account by any agent, attorney-in-fact, conservator or guardian.
6. **Pledge of TOD Account.** I understand and acknowledge that if all or part of my account has been pledged, the pledgee has the right to change the registration of the portion of my account that has been pledged, including the right to cancel the designated TOD beneficiary.
7. **Lawful Children.** I understand and acknowledge that if "lawful children" is included in my TOD, such registration shall be deemed to include any legitimate children born to or children legally adopted by me before or after the date of this Agreement whether or not listed by name on this Agreement. Step children and grandchildren are **not** considered lawful children covered under this designation.
8. **Payment of Dividends.** If applicable, I acknowledge and agree that the record date for the payment of a dividend from my account(s), rather than the date of declaration of such dividend, shall determine with reference to my death whether any particular dividend shall belong to me or to a beneficiary; provided, however, that all dividends may properly be paid to me until the issuer of the securities on which a dividend is being paid has received written notice of my death at its principal place of business.
9. **Effect of Other State Laws.**** I acknowledge and agree that if transfer on death registration is not permitted under the laws of the jurisdiction where I am domiciled at the time of my death, the company

2. Exchanges.

- (a) I authorize the company to accept instructions by telephone or in writing for exchanges among existing company accounts, regardless of whether the accounts have a different or no TOD registration.
- (b) I acknowledge and agree that this TOD registration shall apply to any new accounts established by me pursuant to a written or telephone exchange request with respect to the accounts listed in this Agreement.

3. Change of Beneficiary. I acknowledge and agree that any changes to an existing TOD registration previously created by me, and/or any newly created TOD registrations may be made only on a TOD Account Agreement.

may, absent notice from any person claiming to have an interest in my account(s), distribute the account(s) pursuant to my TOD registration. In the event of such distribution, I agree that the company shall have all of the protections of the Minnesota Uniform TOD Security Registration Act, and I further agree to indemnify the company against and hold the company harmless from any and all claims, and the provisions of this paragraph shall be binding upon my heirs, legatees, executors, administrators, personal representatives, assigns and beneficiaries.

10. Consent in respect of Louisiana Transfer on Death (TOD) Accounts (only applicable if you are establishing a TOD account and live in Louisiana (today or in the future)):

I intend that the TOD designation in this Agreement will supersede any conflicting provisions that I or my representatives have made (or may make in the future) in any will, judgment of possession, trust agreement or other instrument related to this account under TOD ownership. However, I acknowledge that I am familiar with Louisiana's laws related to inheritance of property, succession and community property, and understand that a beneficiary named for this account (now or in the future) may not be recognized under Louisiana state law. Notwithstanding such laws I reaffirm the beneficiary designation above and consent to [Ameriprise Financial] accordingly entering and relying upon such designation. No tax or legal advice was given to me by [Ameriprise Financial] and I agree that [Ameriprise Financial] will bear no responsibility for any legal or tax effects in the management or disposition of this account. I have been advised to see legal and/or tax professionals and assume full responsibility for all consequences that may result.

11. Revocation of Beneficiary Designation by Will. I understand and acknowledge that a revocation of this beneficiary designation in my will is not binding upon the company unless the company receives written notice from any claimant objecting to the transfer of securities pursuant to this Agreement, where state law permits and notification is given prior to settlement before such transfer is made.

12. Amendment of Terms. I understand that this Agreement shall be subject to the provisions of the Minnesota Uniform TOD Security Registration Act. The terms of this Agreement, with the exception of the terms describing beneficiary options, may be amended by the company at any time upon thirty (30) days' notice mailed to me at my address in the records at the company. The availability of TOD designations may be terminated at any time by the company upon 60 days' notice mailed to me at my address in the records of the company.

13. Governing Law. This Agreement shall be governed by the laws of the State of Minnesota and shall inure to the benefit of the company and its successors and assigns, and shall be binding on me, my heirs, legatees, executors, administrators, personal representatives, assigns and beneficiaries.



14. **Security positions unable to be divided as designation states:** Security positions held in a brokerage account that are unable to be divided proportionately as designated due to the nature of the security (ies) will be liquidated, unless otherwise indicated, and proceeds thereof distributed to the beneficiary(ies).

The account holder(s) on the account may: (1) change beneficiaries, (2) change account types, and (3) withdraw all or part of the account funds at any time on written notice to us. We reserve the right to determine if the documentation meets our Deposit Policy requirements to open an account.

Ownership of an account and Beneficiary Designation: These rules apply to this account depending on the form of ownership and beneficiary designation, if any, specified on the account records. We reserve the right to refuse some forms of ownership on any or all of our accounts. We make no representations as to the appropriateness or effect of the ownership and beneficiary designations except as they determine to whom we pay the account funds.

*"I", "me" or "my" means the individual or individuals signing this Agreement.

Part 5 Signatures and Consent of Spouse

Owner Name

Owner Signature

X _____

Date (MMDDYYYY)

Joint Owner Name

Joint Owner Signature

X _____

Date (MMDDYYYY)

Check appropriate box to indicate Owner's Marital Status Single Married (see Consent of Spouse) Widowed Divorced

Consent of Spouse

This consent of spouse must be signed if **all** of the following conditions are present: (a) the spouse of the owner is living, (b) is not the sole primary beneficiary named, and (c) the owner and spouse are residents of a community property state (Arizona, California, Idaho, Nevada, New Mexico, Texas, Washington and Wisconsin). I have reviewed the above beneficiary designation and as the spouse of the owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter and I relinquish all my statutory or other rights thereto.

Spouse's Name

Spouse's Signature

X _____

Date (MMDDYYYY)