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Transfer On Death Account Distribution Form

Email: newaccounts@siebert.com | Phone: 800.872.0444 | Fax: 212.486.2784 **Beneficiary Information** am a designated beneficiary for the following Siebert account: Print Decedent's Name Account Number My Social Security Number: In accordance with the Transfer on Death Account Agreement ("TOD Agreement"), I am providing this notarized distribution form and a certified copy of the death certificate. In addition, I have completed a Siebert Account Application. I request that Siebert transfer the assets indicated in the above TOD Account to my Siebert account shown below: Siebert Account Number **Beneficiary Signature** (You must sign in the presence of a Notary Public.) This section is to be completed by a Notary Public. On this day of _____, _____, before me personally and known to me to be the appeared individual described in and who executed the foregoing instrument, and duly acknowledged to me that s/he executed the same.

Notary's Signature