

PRIMERICA SHAREHOLDER SERVICES – INDIVIDUAL/JOINT TOD REDEMPTION/TRANSFER FORM

To Whom It May Concern:

Thank you for your inquiry regarding information related to a Transfer On Death Distribution/Transfer. Please accept our sincere condolences for your loss.

In response to your request, we have included information regarding the distribution or transfer of the account. Please refer to the chart below to determine the documents that will be required to process your requested transaction. The documents required to be submitted with your request are based on the type of signature guarantee you are able to obtain and provide and the type of transaction (redeem or transfer assets) you are requesting.

An original signature guarantee may be obtained from an officer of most financial institutions. A medallion signature guarantee is preferable. By obtaining a Medallion Signature Guarantee, you will not be required to furnish certain documents. If the signature guarantee is NOT medallion, you will be required to furnish additional documentation and provide the name and phone number of the person providing the signature guarantee for verification purposes. Please note that a notary public cannot provide a signature guarantee. A signature guarantee is a warranty by the grantor that the signature is genuine, and that the person(s) signing is competent and authorized to sign.

A - Documents Required	B -To Redeem With Medallion Signature Guarantee	C – To Redeem With Non-Medallion Signature Guarantee	D –To Transfer to PSS account With Medallion Signature Guarantee	E – To Transfer to PSS account With Non-Medallion Signature Guarantee
Completed Distribution/Transfer Form or Letter of Instructions signed by TOD Beneficiary and signature guaranteed	✓	✓	✓	✓
New Account Application SB-50 (must be obtained and completed by a PFS Representative), or if the transfer is to an existing account, you must provide existing account number			✓	✓
Customer Identification Form (if new account is being established)			✓	✓
Share Certificates (if applicable)	✓	✓	✓	✓
Certified copy of all deceased shareholder's death certificate		✓		✓
Affidavit of Domicile for each deceased	✓	✓	✓	✓
Inheritance Tax Waiver (if applicable – see instructions attached) for each deceased	✓	✓	✓	✓
Completed No Known Dispute Form for each beneficiary	✓	✓	✓	✓
Tax ID Certification or completed W-9	✓	✓		

Please note that, if required, the Registry Certified copy of the deceased shareholder's death certificate must be an original (a copy is not acceptable). This document may be obtained from the Bureau of Vital Statistics in the state where the shareholder deceased.

If the Beneficiary is a minor, in addition to the above documentation, the following will also be required:

- Distribution Form must be completed by the Legal Guardian or Natural parent of the minor and their signature must be signature guaranteed in the box provided
- If using a non-medallion signature guarantee, a Registry certified copy of the minor's birth certificate indicating the minor's natural parents. The certified copy may be obtained from the minor's birth state, Bureau of Vital Statistics.
- If the guardian is requesting, a court certified copy of the letter of appointment of guardianship certified within the past 6 months.

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TOD DEATH DISTRIBUTION/TRANSFER FORM INFORMATION (THIS PAGE RETAINED BY THE TOD BENEFICIARY)

Please mail completed form and required documents to Primerica Shareholder Services, PO Box, 534485, Pittsburgh, PA 15253 – 4485, or for express mail Primerica Shareholder Services, Attention: 534485, 500 Ross Street, 154-0520 Pittsburgh, PA 15262.

The TOD beneficiary may use the attached form to request a distribution/transfer of the deceased shareholder's account assets. If there is more than one TOD beneficiary listed on the account, each TOD beneficiary must complete a form. You may make copies of the Distribution/Transfer Form as needed. You must provide all the documentation (described in the attached cover letter) requested in order for Primerica Shareholder Services to honor your request for a distribution/transfer of the assets. If you have questions or need additional information, please contact our Customer Service Department at 1-800-544-5445. Customer Service Representatives are available to assist you Monday through Friday between 8 a.m. and 8 p.m. EST.

Please provide account number so that we may process your request.

SECTION 1 – Please indicate by checking the appropriate box whether you wish to redeem the assets in the account or if you wish to transfer the assets to a new (new account application required) or existing account number.

- **Transfer Assets to a New Account** – You may choose to transfer the assets to a new account with Primerica Shareholder Services. If you choose this option, you must contact a Primerica Financial Services Representative to complete a new account application and Customer Identification Form.
- **Transfer Assets to Existing Account** – You may choose to transfer the assets to an existing account with Primerica Financial Services. Please provide the existing account number and complete the From and To Account information and provide the transfer amount as the Dollar Amount, Percentage of Account or all shares to be transferred to a certain fund position. If you need additional space, you may attach another sheet or make a copy of the form.

NOTE: Investments will be moved “in kind” to your existing account, that is the same fund(s) currently held in the deceased owner's account will be moved to your existing account. You should speak with your PFSI Agent for assistance in determining what if any changes should be made after the transfer to your name is complete.

SECTION 2 – Redemption Proceeds – Please provide instructions on how you wish to receive the distribution proceeds. If you would like the assets in a check, please provide the name(s) and mailing address.

MAIL CHECK – PSS usually processes and mails redemption checks within two to three business days.

EXPRESS MAIL – Please indicate if you wish to receive a check via express mail service. A daytime telephone number is required for all express mail packages.

- **By one-day air express** and deduct the fee charge from this account – The check will be sent via next-day air express in accordance with the mailing instructions.

Note: The overnight express fee is generally \$20 for most deliveries in the United States, however, if you reside in a rural area in the U.S. the charge could be higher. If you reside in Alaska, Hawaii, Puerto Rico or request overnight express to a PO Box, the overnight fee will be higher and you could be charged as much as \$30.00. If you request overnight express to Guam, the fee charge could be as much as \$70 or more. **Your account will be charged accordingly.**

WIRE TRANSFER – A wire transfer usually takes place within 48 to 72 hours of processing your request for a redemption of shares. Please complete the Wire Transfer Information and attach a voided check.

- **Wire Transfer to a bank** – To have the redemption proceeds sent to your bank account. When processing a Wire Transfer to your bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number, bank account name and number. Please attach a voided check.

ACH TRANSFER – An Automated Clearing House (ACH) transfer usually takes place within 72 to 96 hours of processing your request for distribution of shares.

Please complete the Wire / ACH Transfer Information and attach a voided check.

- **ACH Transfer to the bank of record** – To have the distribution proceeds sent via ACH to the same account the bank draft option is being deducted from.

SECTION 3 - SIGNATURE – Each TOD beneficiary, or parent or guardian is acting for a minor beneficiary, must complete and sign a separate Distribution Form. . Please provide a daytime phone number where you can be reached should we need additional information to process your request.

SECTION 4 - SIGNATURE GUARANTEE – An original signature guarantee may be obtained from an officer of most financial institutions. **A medallion signature guarantee is preferable.** If the signature guarantee is NOT medallion, please provide the name and phone number of the person providing the signature guarantee for verification purposes. **Please note that a notary public cannot provide a signature guarantee.** A signature guarantee is a warranty by the grantor that the signature is genuine, and that the person(s) signing is competent and authorized to sign.

SECTION 5 - SUBSTITUTE FORM W-9/REQUEST FOR TAXPAYER IDENTIFICATION NUMBER – You must complete this section if you have requested to have the assets paid to you by redeeming the assets. Please provide your tax payer identification number/social security number and sign in the space provided.

Note : ADDITIONAL FEES -CDSC FEE – If the account is invested in Class B Shares, your redemption may be subject to a CDSC Fee (Contingent Deferred Sales Charge). Please refer to your prospectus to determine the applicable CDSC percentage applicable.

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Account Number

(Required to complete transaction)

Section 1:

Fund Number/NASDAQ Symbol (Please provide for fund positions held by deceased)

☐

Redeem all assets in all fund positions listed above

☐

Transfer all assets to a new account (application required)

Section 2: Please tell us how to send the redemption proceeds:

☐

By check to the following name and address:

Name(s):

Address:

City:

State:

Zip:

I/We would like to receive a check: (choose one)

☐

1st Class Mail

☐

Next Day Air (Read note regarding fee on instruction page)

Daytime phone number required for Express Mail Service

I/We would like to wire transfer: (choose one)

☐

To the bank listed on the attached voided check

I/We would like to ACH transfer:

☐

To the bank listed on the attached voided check

Section 3: Signature

TOD Beneficiary Signature

Date

Parent/Guardian Signature for Minor

Date

Daytime phone number where you can be reached should we need additional information:

Section 4: Signature Guarantee (Please read instructions)

Signature Guarantee

Signature Guarantee

Guarantor Name

Guarantor Phone No.

Signature Guarantee Stamp: I guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief the applicant(s) of full age and legally competent. A separate signature guarantee stamp must be affixed to this form for each signor. If this is a Medallion signature guarantee, I further affirm that I have checked and verified a certified copy of the deceased's death certificate and, if a minor is requesting a redemption/transfer, a certified copy of the minor's birth certificate or a certified copy of a Letter of Appointment of Guardian/Conservator (certified within past 6 months) showing applicant as the minor's parent/guardian/conservator.

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Account Number:

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Section 5: Substitute Form W-9/Request for Taxpayer Identification Number

If you request to have the assets distributed in the form of a cash payment, you must provide your Tax Identification Number (SSN/TIN) below and complete by signing this section.

Tax Identification Number (SSN/TIN):

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I certify under penalties of perjury (1) that the Social Security Number provided on this form is the correct Taxpayer Identification Number, (2) that I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) that I am a U.S. Person (including a U.S. resident alien) and *(4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

TOD Beneficiary Signature

Date

*Not applicable as Primerica Shareholder Services is not a foreign financial institution.

WIRE / ACH TRANSFER – BANK ACCOUNT INFORMATION

Bank Name _____	Account Name _____
Contact Person _____	Phone # _____
Routing # _____	Account # _____

Please check with your financial institution for any special wiring instructions required to process a wire transfer to your bank account. Some financial institutions clear transactions through other institutions. This will cause a problem in processing the wire if your bank does not accept direct wires, but uses a pay through institution.

IMPORTANT INFORMATION- Financial Institutions providing medallion signature guarantees have surety bond coverage that protects the transfer agents from “bad” guarantees. Primerica Shareholder Services will not accept a request to process a transaction that exceeds the financial institution’s bond coverage. Please verify with your financial institution their amount of bond coverage to determine if the institution’s bond will cover your requested redemption/distribution amount.

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“NO KNOWN DISPUTE” FORM

Fund/ Account Number: _____

Please affirm, there are no known disputes as to the person(s) entitled to a distribution under the non-probate transfer of the amounts to be distributed to each person(s) and no claims that would affect the distribution requested, by signing on the line below.

“In consideration of Primerica Shareholder Services (PSS) complying with the foregoing request, the undersigned beneficiary(ies), hereby agree to indemnify and hold harmless Primerica Shareholder Services from and against all claims, losses, or liabilities including legal fees, expenses, and costs that may arise from or in connection with PSS accepting these instructions.”

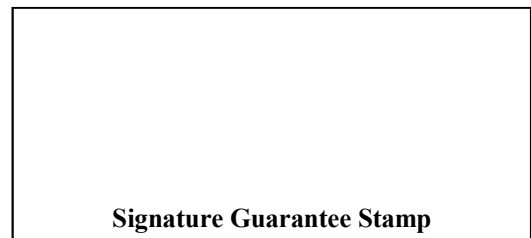
TOD Beneficiary Name: _____

For the Account of: (Account Registration Name): _____

TOD Beneficiary Signature: _____ **Date:** _____

Signature Guaranteed by: _____ **Date:** _____
(Name of Officer, Title and Name of Firm)

I guarantee the signature(s) of the TOD Beneficiary and to the best of my knowledge and belief, the beneficiary is of full age and legally competent.



The above signatures must be guaranteed by one of the following:

- An officer of a bank or trust company,
- An authorized signer of a brokerage company,
- An officer of a credit union,
- A national securities exchange,
- A registered securities association or clearing agency,
- A savings and loan association,
- Or, a federal savings bank

An endorsement guarantee does not constitute a signature guarantee and a signature guarantee may NOT be obtained through a notary public. The signature must be signed in the presence of an officer from a financial institution listed above.

Note: This disclosure relates to all known Transfer on Death accounts registered with Primerica Shareholder Services for the deceased investor.

Affidavit of Domicile

Note: This Affidavit must be completed and executed before a Notary Public

Instructions:

This document is required when the shareholder is deceased and the proceeds are being distributed to the legal representative(s) or certain beneficiary(ies).

An Affidavit of Domicile is a sworn statement by an administrator/executor that designates the place of domicile of a decedent.

An Affidavit of Domicile is needed if a decedent's state of domicile and Tax Waiver requirement is in question. If the decedent's address of record, or the state of residency on the death certificate, or the probate state are Tax Waiver states, the Affidavit of Domicile will settle which state applies.

Residence is not equal to domicile. A person can have many residences but only one legal domicile. Realty is probated in the state it is located in. Non-realty is probated in the state of domicile. Domicile is that place one always returns to.

The affidavit must:

- Be original (copies not acceptable)
- Indicate deceased person's state of domicile
- Indicate capacity of the affiant (person making the affidavit)
- Refer to decedent as the name is registered
- Indicate the name of the Mutual Fund
- Be notarized, by a notary public

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Affidavit of Domicile

Note: This Affidavit must be completed and executed before a Notary Public

State of _____)

County of _____)

I, _____, of full legal age, being duly sworn, depose and
(TOD Beneficiary)

say that: I reside at _____, City, _____
(TOD Beneficiary's current address)

State of _____, and acting as the Surviving Beneficiary _____,
Executor _____, or Administrator _____, for the Estate of _____,
(Name of Decedent)

Deceased, who died in the State of _____, on the _____ day
in (State of death) (Day of death)

the month of _____, in the year 20____; that at the time of death,
(Month of Death)

his/her domicile (legal residence) was at, _____,
(Decedent's last known address)

City, _____, State of, _____;

(If the decedent resided in another State within 3 years prior to his or her death, name the State where he or
she previously resided, State _____).

This affidavit is made for the purpose of having mutual fund shares of _____
(Name of Mutual Fund)

_____ transferred as requested and if the transfer constitutes an
apparently uneven distribution, the matter has been equalized by the distribution of other securities
or in some other manner.

(Signature of TOD Beneficiary)

Date

Sworn to and subscribed before me: This _____ day of _____, _____

Notary Public

My commission expires:

Seal:

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Inheritance Tax Waiver

What is it? A document that releases the Transfer Agent (Primerica Shareholder Services) from liability regarding the state's inheritance tax on the deceased shareowner's shares.

An Inheritance Tax Waiver may be required (based on specific State Requirements, you must contact the deceased state Department of Revenue for guidance) whenever the shareholder is deceased and the assets of the account are being distributed or transferred to another person or persons.

Each state has their own specific rules regarding the Inheritance Tax Waiver requirements. A waiver is granted upon application of the personal or legal representative who will, in effect, make a partial "estate tax return." This obligates the personal representative to make appropriate provision for payment of the tax when it becomes due prior to final distribution of the estate.

A Tax Waiver must:

- Be on official state letterhead (From Department of Revenue, State Tax Department, State Dept. of Revenue, etc)
- Name the fund the shareowner(s) owned
- Contain the account balance on the date of death
- Be expressed as a 'blanket waiver'
- Bear an authorized signature of the issuing authority, normally a facsimile stamp