

**PRIMERICA SHAREHOLDER SERVICES  
TRANSFER ON DEATH REGISTRATION REQUEST  
ADDITIONAL BENEFICIARY FORM**

You may use this form to designate additional beneficiaries for forms POL-27 TOD and POL-27 COM.

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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Primary     Contingent    \_\_\_\_\_ % Shares    Date of Birth:   -   -

Beneficiary's First Name    M.I.    Beneficiary's Last Name

Beneficiary's Social Security Number    Relationship  
   -   -

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Primary     Contingent    \_\_\_\_\_ % Shares    Date of Birth:   -   -

Beneficiary's First Name    M.I.    Beneficiary's Last Name

Beneficiary's Social Security Number    Relationship  
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Primary     Contingent    \_\_\_\_\_ % Shares    Date of Birth:   -   -

Beneficiary's First Name    M.I.    Beneficiary's Last Name

Beneficiary's Social Security Number    Relationship  
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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.