## "NO KNOWN DISPUTE" FORM

Account Number: $\square$

For the Account of: (Account Registration Name): $\qquad$

TOD Beneficiary Name: $\qquad$
Note: This disclosure relates to all known Transfer on death accounts registered with Primerica Shareholder Services for the deceased investor.

Please affirm, there are no know 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 Signature

## Date

The above TOD Beneficiary signature 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.

Signature Guaranteed by: $\qquad$ Date: $\qquad$ (Officer Name and Title)

I guarantee the signature of the beneficiary and to the best of my knowledge and belief, the beneficiary is of full age and legally competent.

Signature Guarantee Stamp

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:

