

# RYDEX INVESTMENTS

## TRANSFER ON DEATH REGISTRATION

### 1. GENERAL INFORMATION

Please complete this form to establish a Transfer on Death beneficiary on your account. Do not list any IRA accounts on this form. NOTE: Only accounts registered to individuals, joint tenants, or tenants by the entireties may designate a TOD beneficiary.

### 2. ACCOUNT INFORMATION

Owner's Name (first, middle initial, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Joint Owner's Name (first, middle initial, last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please check one:

**Existing account.** Please fill in account number(s) \_\_\_\_\_

**New account.** If this is a new account, please submit this form with a new Rydex Investments account application. **A signature guarantee is required for all existing accounts.** A signature guarantee is not necessary if the account application and TOD form are returned together.

### 3. ACCOUNT INFORMATION

Beneficiaries must be designated by name. Unless otherwise indicated, Rydex will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages must equal 100%. If you wish to name more than two beneficiaries, please attach a separate sheet with all of the requested information.

**Beneficiary:** Individual(s) or entity(ies) who will receive the funds upon the death of all owners. **If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information.**

**Contingent Beneficiary:** Individual(s) or entity(ies) who will receive the funds upon death of all owners and all primary beneficiaries.

Primary

Contingent

Primary

Contingent

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Social Security Number or Tax ID of Beneficiary

\_\_\_\_\_  
Social Security Number or Tax ID of Beneficiary

\_\_\_\_\_  
Date of Birth                      Relationship                      Percentage

\_\_\_\_\_  
Date of Birth                      Relationship                      Percentage

### 4. SIGNATURE(S)

I/We hereby designate the following beneficiary(ies) to receive the assets remaining in my/our account upon death. If no beneficiary is designated or no primary or contingent beneficiary survives me, the balance in my account will be distributed to the legal representative of my estate. This designation revokes any prior designations. I retain the right to revoke the designation.

<b>SIGNATURE GUARANTEED</b>
Must be completed by an eligible guarantor institution.
_____ Authorized Officer

\_\_\_\_\_  
Signature of Account Owner                      Date

\_\_\_\_\_  
Signature of Account Owner                      Date