

## DESIGNATION OF TRANSFER ON DEATH (“TOD”) BENEFICIARY AGREEMENT

Please complete this form to establish a Transfer on Death (TOD) Beneficiary on your account. If you have questions about this form, call 1.800.638.3060, or consult your legal adviser. A TOD direction transfers ownership of your shares to your beneficiary effective on your death. **Acceptance and execution of TOD directions is a matter of contract between you and FPA Funds and is subject to the Rules for Registration of shares in Beneficiary Form adopted by FPA Funds (the “Rules”), which Rules are incorporated by reference in this Agreement. This Agreement shall be governed by those Rules and construed in accordance with the laws of the state of Wisconsin.**

### I. ACCOUNT INFORMATION

- Only accounts registered to individuals, joint tenants, or tenants by the entireties may designate a beneficiary.
- Please print all information.

\_\_\_\_\_  
Name of Account Owner(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)  
Telephone (daytime) (evening)

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

Please check one:

- Existing account.** Fill in the account number below.

\_\_\_\_\_  
Account number

- New account.** List the Fund name below, and submit this form with a new account application.

\_\_\_\_\_  
Fund Name

### II. TOD BENEFICIARY(IES)

\_\_\_\_\_  
Name of Beneficiary Date of Birth

\_\_\_\_\_  
Relationship (Spouse, Child) % of Account

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security Number

\_\_\_\_\_  
Beneficiary's Current Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Beneficiary Date of Birth

\_\_\_\_\_  
Relationship (Spouse, Child) % of Account

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security Number

\_\_\_\_\_  
Beneficiary's Current Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Beneficiary Date of Birth

\_\_\_\_\_  
Relationship (Spouse, Child) % of Account

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security Number

\_\_\_\_\_  
Beneficiary's Current Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Beneficiary Date of Birth

\_\_\_\_\_  
Relationship (Spouse, Child) % of Account

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Beneficiary's Social Security Number

\_\_\_\_\_  
Beneficiary's Current Address

\_\_\_\_\_  
City State Zip



to give notice to any person of the date, manner and persons to whom a transfer will be made under the shareholders' TOD direction, (iii) to attempt to locate the beneficiary; (iv) to determine any fact or law that would cause the shareholders' TOD direction to be revoked in whole or in part or that would change the distribution provided in the shareholders' TOD direction, (v) to respond to inquiries from anyone other than the shareholders during the shareholders' lifetime; or (vi) to mail any notices with respect to these Rules to an address other than the address of record.

In addition to these modifications, **please note the following STA TOD restrictions:**

- A TOD registration may not be changed or revoked by will, codicil, or telephone conversation.
- A custodian under the Uniform Gifts to Minors Act (UGMA) may not be designated as a beneficiary because the UGMA applies only to gifts made during the lifetime of the donor. A custodian under the Uniform Transfers to Minors Act (UTMA) may be designated as a beneficiary.
- The name of the beneficiary and the legend "Subject to STA TOD Rules" must appear in the account registration at all times.

**NOTE: You should review the accompanying TOD Rules and discuss the making of a TOD direction with your attorney to make certain it is consistent with your estate and tax planning, and to make certain that the TOD direction conforms to your current intentions with respect to disposition of the property at your death. A complete copy of FPA Funds TOD Rules is enclosed.**

Please return completed form to:

**FPA Funds  
UMB Fund Services, Inc. – Transfer Agent  
P.O. Box 2175  
Milwaukee, WI 53201-2175**