

Transfer On Death Account Distribution Form

Email: newaccounts@siebert.com | Phone: 800.872.0444 | Fax: 212.486.2784

Beneficiary Information

I, _____
(Print Name)

am a designated beneficiary for the following Siebert account:

Print Decedent's Name Account Number

My Social Security Number:

In accordance with the Transfer on Death Account Agreement ("TOD Agreement"), I am providing this notarized distribution form and a certified copy of the death certificate. In addition, I have completed a Siebert Account Application. I request that Siebert transfer the assets indicated in the above TOD Account to my Siebert account shown below:

Siebert Account Number Account Title

Beneficiary Signature Date

(You must sign in the presence of a Notary Public.)

This section is to be completed by a Notary Public.

On this day of _____, _____, before me personally appeared _____ and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that s/he executed the same.



Notary's Signature