Transfer on Death Supplemental Registration Form



- To be completed ONLY for Transfer on Death registrations
- If this form is being used in conjunction with an account application to establish a new account, please attach it to the application.
- If this form is being used alone, please mail the completed form to: FIS Investor Services

Attn: Victory Funds Shareholder Services Department

	P.O. Box 182593, Columbus, OH 43218-2593
Section 1. Fund Selection	Section 4. Authorization of TOD Registration
FUND FAMILY NAME	Signature guaranteed or notarized instructions must be received from the owner(s) to change or revoke a beneficiary designation. Until the owner(s) dies, the beneficiary has no rights in the shares and no instructions can be accepted from, other account information provided to,
PORTFOLIO NAME	such beneficiaries. The Transfer on Death registration is not valid for all fifty states; therefore,
ACCOUNT NUMBER(S) [IF KNOWN]	when an account owner(s) relocates to another state, the TOD registration may become invalid. Such accounts would be re-registered with either an individual or joint status; the TOD designation would be removed.
PORTFOLIO NAME	Upon the death of the sole or last joint owner, the shares become property of the TOD beneficiary. The beneficiary must survive the owner to be entitled to the shares; if the beneficiary does not survive the owner(s), the
ACCOUNT NUMBER(S) [IF KNOWN] PORTFOLIO NAME	beneficiary's estate would not be entitled to the shares, and the shares would then become property of the deceased owner's estate. If the beneficiary survives the owners, but is not alive when the transfer request is received, the shares become property of the beneficiary's estate.
PORTFOLIO NAIME	To transfer shares to the beneficiary, the following must be received in good
ACCOUNT NUMBER(S) [IF KNOWN]	order: a certified death certificate for owner(s), signature guaranteed instruction form from all beneficiaries, and completed new account application by each beneficiary. If the beneficiary is a minor or incompetent, a parent, guardian, or conservator must submit an affidavit attesting that
Section 2. Shareholder Information	the beneficiary survived the owner. The person(s) supplying the affidavit must indicate their relationship to the beneficiary, and the affidavit must be signature guaranteed. Further instructions, such as court documents, may
SHAREHOLDER NAME(S)	be needed to complete the change of ownership.
ADDRESS	Before signing, carefully review the above information for accuracy and the TOD rules described above, as they will be binding upon your heirs, representatives, and assigns. It is recommended that you seek the advice of an attorney with respect to the legal consequences of signing this form.
CITY/STATE/ZIP	of all attorney with respect to the legal consequences of signing this form.
SPOUSE'S NAME*	DATE
□ *If not married, check box. On individual accounts where the spouse is not the beneficiary, the spouse MUST complete Section 4 on the reverse side of this form.	SHAREHOLDER SIGNATURE(S)
Section 3. Beneficiary Information	
Primary Beneficiary	Spouse MUST sign below if NOT named as beneficiary in Section 3. I hereby consent to the beneficiary designation stated above in Section 3 of this form.
BENEFICIARY NAME PERCENTAGE	
BENEFICIARY SOCIAL SECURITY NUMBER	DATE
BENEFICIALLY GOODLE GEOCHTT NOMBELL	SPOUSE'S SIGNATURE
BENEFICIARY ADDRESS	SPOUSE S SIGNATURE
BENEFICIARY CITY/STATE/ZIP	Medallion Signature Guarantee or Notary*
Secondary Beneficiary	
BENEFICIARY NAME PERCENTAGE	

No signature guarantee or notarization is required if the form is being completed at the same time an application is submitted to open an account. For changes to existing accounts, a signature guarantee or notarization is required. The signature(s) to be guaranteed or notarized must correspond with the name(s) written on this form in every particular. The signature must be guaranteed or notarized by a commercial bank, broker, dealer, trust company, credit union, savings and loan association, securities exchange, or association or clearing agency.

KV-TOD-FRM (04/01)

BENEFICIARY SOCIAL SECURITY NUMBER

BENEFICIARY ADDRESS

BENEFICIARY CITY/STATE/ZIP

 $^{^\}star Up$ to three beneficiaries per registration are permitted. The information requested in Section 3 must be received for each beneficiary.