

Transfer on Death Registration Form



Mail: Thornburg, PO Box 219017, Kansas City, MO 64121

Overnight: Thornburg, 801 Pennsylvania Ave, Suite 219017, Kansas City, MO 64105

Phone 800.847.0200 | Fax 505.984.8973

Please complete this form to designate a Transfer on Death ("TOD") Beneficiary on your Thornburg account(s). This form is not for use with retirement accounts. Only accounts registered to individuals or joint tenants may designate a TOD beneficiary. Note that we will apply your designations only to specific accounts as requested below unless you indicate otherwise by writing "ALL ACCOUNTS".

1. Account Information

Account Owner(s)

Account Number(s)

| | | |
|---------|-------|-----|
| Address | Phone | |
| City | State | Zip |

Email Address

2. Beneficiary Designation

I designate the individual(s) named below as the beneficiary(ies) of the above-referenced accounts. I revoke all prior beneficiary designations, if any, made by me for these assets. I understand that I may change or add beneficiaries at any time with written notice to the Fund or its Agent. If I am not survived by any beneficiary, my beneficiary will be my estate. Percentages must total 100%. If no percentages are indicated, all beneficiaries who survive me will receive equal shares.

Default arrangement is pro-rata. Please specify if you wish to designate per stirpes.

Beneficiary

A. Add Remove B. Primary Contingent

| | |
|---------------|--------------|
| Name | Relationship |
| Date of Birth | Percentage |

Beneficiary

A. Add Remove B. Primary Contingent

| | |
|---------------|--------------|
| Name | Relationship |
| Date of Birth | Percentage |

2. Beneficiary Designation (continued)

Beneficiary

A. Add Remove B. Primary Contingent

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | |
|---------------|------------|
| Date of Birth | Percentage |
|---------------|------------|

Beneficiary

A. Add Remove B. Primary Contingent

| | |
|------|--------------|
| Name | Relationship |
|------|--------------|

| | |
|---------------|------------|
| Date of Birth | Percentage |
|---------------|------------|

3. Spousal Waiver

If you are married, please read the following information that applies to residents of community property or marital property states if spouse is not designated as primary beneficiary. It is the Account Owner's responsibility to determine if this section applies. The Account Owner may need to consult with legal counsel. Neither the Fund nor its Agent are liable for any consequences resulting from a failure of the Account Owner to provide proper spousal consent.

IMPORTANT: This Designation of Beneficiary may have tax or estate planning effects and consequences. If you are married and reside in a community property or marital property state (currently Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your Account. Note that the states listed here may change. See your attorney or tax professional for additional information and advice.

As the spouse of the above-named owner of the account, I hereby consent to the designation of the beneficiary(ies) stated above.

| | | |
|----------------|---------------------|------|
| Name of Spouse | Signature of Spouse | Date |
|----------------|---------------------|------|

4. Shareholder Authorization Signature

Signature and Authorization

I (we) authorize the Fund and its Agent to add a TOD designation to my account(s) according to the terms and conditions set forth herein. By signing, I (we) hereby: (1) instruct the Agent to register the referenced account(s) in TOD form with the beneficiary or beneficiaries named above; (2) agree that the TOD account(s) will be governed by the Rules Governing TOD Registration provided on or with this form, which are incorporated herein by reference as if set forth in full; (3) in making this designation, I (we) hereby revoke any prior designations; and (4) retain the right to revoke this designation and designate a new beneficiary at any time by communicating to the Agent in writing.

Note: Joint accounts require the signature of all Account Owners.

Forms must be signed by all shareholders

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|

Note: Neither the fund(s), Thornburg Securities LLC, or SS&C GIDS, Inc. certifies as to the legal effects of this registration. Please consult your attorney as to the validity of this registration. This account is subject to the SS&C GIDS, Inc. rules governing transfer on death registration under the Massachusetts non-probate transfer laws. Please check your state for acceptance of the TOD registration. Default arrangement is pro rata.