



# Transfer on Death Registration Form

Mail application to: Thornburg C/O DST, PO Box 219017, Kansas City, MO 64121

## 1. Account Information

Fund(s)	Account Number
Name(s) on Account	Telephone Number
Social Security or TIN	

## 2. Please REMOVE the Following Individual(s)

Name	Name
Social Security or TIN	Social Security or TIN
Date of Birth	Date of Birth

## 3. Please ADD the Following Individual(s)

Name	Name
Social Security or TIN	Social Security or TIN
Date of Birth	Date of Birth
Proportion	Proportion

## 4. Shareholder Authorization Signature

Forms must be signed by all shareholders

Signature	Date	Signature	Date
Signature	Date	Signature	Date

*Note: Neither the fund(s), Thornburg Securities Corporation, or DST 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 DST 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.*