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MATC Beneficiary Designation Form TOD Account

This Beneficiary Designation Form is used to establish or change the beneficiary(ies) for your Mid Atlantic Trust Company ("MATC") TOD account. If you have more than one TOD account, you must complete a separate form for each account.

ACCOUNT INFORMATION

MATC Account Number: _____
 Account Owner Name: _____ Account Owner's SSN: _____
 Joint Owner Name: _____ Joint Owner SSN: _____

BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiary(ies) named below. The interest of any beneficiary(ies) who predeceases me terminates completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro rata basis. If all primary beneficiary(ies) predecease me, the contingent beneficiary(ies) will be used. If beneficiary is a trust, provide trust name, names of all trustees, and date trust was established.

Check here if additional beneficiary(ies) are listed on an attached addendum. Total number of addendums attached to form _____

PRIMARY BENEFICIARY(IES) - The total percentage designated must equal 100%.

Name: _____
 Spouse Non-Spouse Person Trust Entity
 Address: _____
 City/State/Zip: _____
 Date of Birth: _____ Relationship: _____
 Tax ID (SSN/TIN): _____ Percent: _____

Name: _____
 Spouse Non-Spouse Person Trust Entity
 Address: _____
 City/State/Zip: _____
 Date of Birth: _____ Relationship: _____
 Tax ID (SSN/TIN): _____ Percent: _____

Name: _____
 Spouse Non-Spouse Person Trust Entity
 Address: _____
 City/State/Zip: _____
 Date of Birth: _____ Relationship: _____
 Tax ID (SSN/TIN): _____ Percent: _____

Name: _____
 Spouse Non-Spouse Person Trust Entity
 Address: _____
 City/State/Zip: _____
 Date of Birth: _____ Relationship: _____
 Tax ID (SSN/TIN): _____ Percent: _____

CONTINGENT BENEFICIARY(IES) - The total percentage designated must equal 100%.

Name: _____
 Spouse Non-Spouse Person Trust Entity
 Address: _____
 City/State/Zip: _____
 Date of Birth: _____ Relationship: _____
 Tax ID (SSN/TIN): _____ Percent: _____

Name: _____
 Spouse Non-Spouse Person Trust Entity
 Address: _____
 City/State/Zip: _____
 Date of Birth: _____ Relationship: _____
 Tax ID (SSN/TIN): _____ Percent: _____

AUTHORIZATION AND SIGNATURE

By signing this form, you:

- 1) Affirm that the beneficiary(ies) information provided on this form replaces any prior beneficiary(ies) information that may be on record for the indicated account(s).
- 2) Hereby designate the person(s) identified above to receive all monies, securities, and other assets held in the account listed above upon my death, or the death of the last surviving account owner in the case of a joint account.
- 3) Acknowledge that if more than one party is named and no share percentages are indicated, payment shall be made to your primary beneficiary(ies) who survives you, in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's(ies') designated shares shall be divided equally among the surviving primary beneficiary(ies).
- 4) Acknowledge that upon transfer of assets to multiple beneficiaries, all residual income paid to your account and any fractional shares that cannot be divided equally among the beneficiaries will be systematically allocated to the beneficiary receiving the largest share proportion of the assets. If the account is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last beneficiary paid.
- 5) Acknowledge that MATC as custodian, and its affiliates, successors and employees, have no obligation to locate or notify any beneficiary or to independently verify any information submitted by any person claiming an interest in your account.
- 6) Understand that the Beneficiary(ies) can be changed only by completing a new Beneficiary Designation form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document, or other testamentary document.
- 7) Agree that this designation becomes effective when received and accepted by MATC, and will remain in effect until MATC receives and accepts another designation with a later date.

Account Owner Name: _____

Account Owner Signature: _____

Date: _____

Joint Owner Name: _____

Joint Owner Signature: _____

Date: _____

Advisors: Please return completed form attached to an issue on the MATC website