



Transfer on Death (TOD) Beneficiary Designation Form

Please note that Transfer on Death Beneficiary Designations are not available to residents in all jurisdictions

Please also note that TOD Accounts are subject to receipt and acceptance by our clearing firm, Penson Financial Services, Inc. ("Penson"). No TOD designation will be effected until all required documentation is received and accepted.

Account Information

Primary Account Holder Name	Penson Account Number
Entity/Business/Trust Name	
Social Security Number or Taxpayer ID Number	Date of Birth
Joint Account Holder/Trustee Name (if Any)	
Social Security Number or Taxpayer ID Number	Date of Birth

Beneficiary Designation

To my Broker/Dealer ("You" or "Your"):

I (We) wish to create a transfer on death ("TOD") registration for the account listed above. I (We) hereby designate the person(s) identified below ("Beneficiary(ies)") to receive all monies, securities and other assets held in the account listed above upon my (our) death, or the death of the last surviving account owner in the case of a joint account. I (We) may change the designation of the beneficiary(ies) only by completing a new Transfer on Death Beneficiary Designation Form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document. You may rely on the latest Beneficiary Designation in your possession and no change in Beneficiary shall be effective until actually received and accepted by you.

I (We) understand that you have entered into an agreement with Penson with respect to the execution and clearance of securities. I (We) also understand that because of the complex legal and tax issues involved, neither you nor Penson will advise whether the TOD designation is appropriate for tax or estate planning. I (We) acknowledge that the ability to register a securities account in TOD form is created by state law and not all states have enacted such laws. I (We) understand that I (we) should consult my (our) own legal and tax advisers before electing or revoking the TOD account designation as I (we) deem appropriate.

This Beneficiary Designation is: An Original TOD A Beneficiary Designation Change to an Existing TOD

I (We) hereby designate the person(s) named below as beneficiary(ies) to receive the assets remaining in the account listed above upon my (our) death, or the death of the surviving account owner if the account is owned by more than one person:

Beneficiaries (If a trust, please provide trust name, names of all trustees and date established.)	
1. Name: _____	% Share*: _____ Relationship: _____
Address: _____	Telephone: _____
Date of Birth: _____	Social Security Number or Taxpayer ID Number: _____
2. Name: _____	% Share*: _____ Relationship: _____
Address: _____	Telephone: _____
Date of Birth: _____	Social Security Number or Taxpayer ID Number: _____
3. Name: _____	% Share*: _____ Relationship: _____
Address: _____	Telephone: _____
Date of Birth: _____	Social Security Number or Taxpayer ID Number: _____

* Please note: Share totals must equal 100%. Do not use fractional percentages or dollar amounts.

I (We) understand that upon my death or at the death of the surviving account owner if the account is owned by more than one person, you may require my (our) Beneficiary(ies) to provide you with certain documents as you may deem necessary prior to instructing Penson to move the assets from my (our) TOD account into the Designated Beneficiary(ies') account(s).

I (We) understand and agree that Penson, may register and hold the securities in my (our) TOD account in Penson's name or other "street" or nominee name and that this will create no duty on Penson's part to determine registration or ownership of the account as a whole before or after my (our) death.

In consideration for establishing this registration and accepting the Beneficiary Designation, I (we) (including my (our) estate(s), heirs, spouse, successors in interest, and all Beneficiaries named herein) shall indemnify and hold harmless you and Penson (and affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs and liabilities, including attorneys' fees, by any person or entity arising out of or relating to this account registration and transfers hereunder.

Miscellaneous Provisions

- Penson reserves the right to refuse to accept or renew this TOD Beneficiary Designation Form and may terminate it at any time in its sole discretion and for any reason.
- If any provision hereof is or at any time should become inconsistent with any present or future law, rule or regulation of any securities or commodities exchange or of any state or other sovereign government or an agency or regulatory body thereof, and if any of these entities have jurisdiction over the subject matter of this TOD Beneficiary Designation Form, said provision shall be deemed to be superseded or modified to conform to such law, rule or regulation, but in all other respects the TOD Beneficiary Designation Form shall continue and remain in full force and effect.
- The provisions of this TOD Beneficiary Designation Form, including the indemnities stated herein, shall be binding upon the Account Holder's estate, Beneficiaries, heirs, executors, administrators, successors and assigns, shall inure to the benefit of each of you and Penson and your respective successors, assigns and affiliated companies, and shall survive the termination of this TOD Beneficiary Designation Form or the TOD Account.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

_____	_____
Account Owner Signature	Date
_____	_____
Joint Account Owner Signature	Date
_____	_____
Signature of Spouse (if required)*	Date

*Note: Spouse's signature is required if the spouse and/or Account Holder resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, and the spouse is not an account holder or named as the sole primary beneficiary. By signing, spouse voluntarily and irrevocably consents to the beneficiary designation and to Penson paying all sums due upon death as designated above subject to the provisions of this Transfer on Death (TOD) Beneficiary Designation Form.

Notary Public

County of _____ }

State of _____ }

On this _____ day of _____, _____ before me personally came _____ and _____ to me known and known to me to be the individual(s) described in and who executed the foregoing instrument, and he/she/they duly acknowledge to me that he/she/they executed the same.

Notary Public
[Seal]