

Designation of Transfer on Death ("TOD") Beneficiary Agreement

Mail to: Pearl Mutual Funds, 2610 Park Ave., P.O. Box 209, Muscatine, IA 52761
1-866-747-9030 (toll free)
(563) 288-4101 (fax) info@pearlfunds.com (email)



Please complete this form to establish a Transfer on Death (TOD) Beneficiary on your account. If you have questions about this form, call 1-866-747-9030, or consult your legal adviser. A TOD direction transfers ownership of your shares to your beneficiary effective on your death. Acceptance and execution of TOD directions is a matter of contract between you and Pearl Mutual Funds.

1. Account Information (please print)

Only accounts registered to individuals, joint tenants, or tenants by the entireties may designate a beneficiary.

NAME OF ACCOUNT OWNER(S) (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY NUMBER OR
TAXPAYER IDENTIFICATION NUMBER

STREET OR PO BOX

CITY / STATE / ZIP CODE

() -
DAYTIME PHONE EXTENSION

() -
EVENING PHONE EXTENSION

EMAIL ADDRESS

Existing account. Fill in the account number below.

ACCOUNT NUMBER

OWNER'S SIGNATURE

DATE

New account. List the Fund name below, and submit this form with a new account application.

FUND NAME

2. TOD Beneficiary

NAME OF BENEFICIARY (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY NUMBER OR
TAXPAYER IDENTIFICATION NUMBER

DATE OF BIRTH (MO/DATE/YEAR)

STREET OR PO BOX

CITY / STATE / ZIP CODE

() -
DAYTIME PHONE EXTENSION

() -
EVENING PHONE EXTENSION

RELATIONSHIP TO THE BENEFICIARY

PERCENT

NAME OF CONTINGENT BENEFICIARY (FIRST, MIDDLE INITIAL, LAST)

SOCIAL SECURITY NUMBER OR
TAXPAYER IDENTIFICATION NUMBER

DATE OF BIRTH (MO/DATE/YEAR)

STREET OR PO BOX

CITY / STATE / ZIP CODE

() -
DAYTIME PHONE EXTENSION

() -
EVENING PHONE EXTENSION

RELATIONSHIP TO THE BENEFICIARY

PERCENT

NOTE: IF MORE THAN 2 BENEFICIARIES, ATTACH ADDITIONAL SHEET.