



**TRANSFER ON DEATH (“TOD”)  
BENEFICIARY FORM**

**IMPORTANT:** Please complete this form to add or change a Transfer on Death Beneficiary on your TOD account. TOD status is only for Regular Accounts (non-IRAs).

**SECTION 1: Account Information**

Account Number \_\_\_\_\_

Owner's Name (Last, First, Middle Initial) \_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Joint Owner's Name (Last, First, Middle Initial) (if applicable) \_\_\_\_\_

Joint Owner's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence (Required) - P.O. Box not accepted \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Evening Phone

E-mail Address \_\_\_\_\_

**SECTION 2: Beneficiary Designation**

Benefits will be paid only to those beneficiaries living at the time of your death. If percentages are not indicated, or do not total 100%, benefits will be paid in equal shares. If any of your beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining beneficiaries. If more than two beneficiaries are designated, please continue on a separate sheet.

**Complete all information requested to designate new/additional beneficiaries.**

Please check one:

- I am adding an additional Transfer on Death Beneficiary on my account. Only the additional beneficiary will be noted in Section 2.
- I am revoking my current Transfer on Death Beneficiaries listed on my account and designating new beneficiaries.

Beneficiary's Name (Last, First, Middle Initial) \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence (Required) - P.O. Box not accepted \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Evening Phone

**SECTION 2: Beneficiary Designation (continued)**

E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ %  
Percentage

Beneficiary's Name (Last, First, Middle Initial) \_\_\_\_\_

Beneficiary's Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Address of Residence (Required) - P.O. Box not accepted \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Mailing Address - If different from above (P.O. Boxes accepted) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Day Phone Evening Phone

E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_ %  
Percentage

**SECTION 3: Signatures**

I am adding or changing my beneficiary(ies) for accounts referenced in Section 1, and designate the beneficiary(ies) listed in Section 2 in addition or as a replacement as requested. This designation is elective upon receipt by Oak Associates Funds and will remain in effect until I deliver written notice of a change or revocation of beneficiary(ies) to Oak Associates Funds.

I authorize the Oak Associates Funds to make the changes indicated to my account.

I authorize the Oak Associates Funds and its agents to act upon instructions (by phone or in writing) believed to be genuine for this account or any account into which exchanges are made. I agree that neither the Oak Associates Funds nor its agents and affiliates will be liable for any loss, cost, or expense for acting on such instructions, provided the Funds employ reasonable procedures to confirm that instructions are genuine.

**ALL owners of this account must sign below:**

Owner's Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Joint Owner's Signature (if applicable) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Please mail completed form to:**

**Mailing Address**  
Oak Associates Funds  
P.O. Box 8233  
Denver, CO 80201-8233

**Overnight Address**  
Oak Associates Funds  
1290 Broadway, Suite 1100  
Denver, CO 80203

If you have any questions, please contact a Shareholder Services Representative at 1-888-462-5386 or visit [www.oakfunds.com](http://www.oakfunds.com).