

Transfer On Death (TOD) Registration Form



KH Funding Company

In order to properly register your account, please complete this form.

Type of Note and Term

Account Number(s)

Account Registration

Name of Individual

Name of Joint Tenant

check here if address has changed

Address

City, State, Zip

Beneficiary Designation (please print):

All Transfer on death beneficiaries are equal and listed as primary.

Please check one:

New

Replace Existing TOD Beneficiary

Add to Existing Beneficiary

Beneficiary's Full Name

Social Security Number

Date of Birth

Street Address

City

State

Zip

Co-Beneficiary's Full Name

Social Security Number

Date of Birth

Street Address

City

State

Zip

Co-Beneficiary's Full Name

Social Security Number

Date of Birth

Street Address

City

State

Zip

Co-Beneficiary's Full Name

Social Security Number

Date of Birth

Street Address

City

State

Zip

Authorization: Please register this account subject to the TOD law of the State of Maryland. I/We have read and understand the Transfer of Death guidelines. I/We, on behalf of myself/ourself and my/our successors, heirs, beneficiaries, and assigns, hereby agree to indemnify, defend, and hold harmless KH Funding Company and its affiliates, against any loss, claim, damage, settlement amount, or expense (including attorney fees) to the extent that this TOD effected according to these instructions is alleged or found to be invalid or ineffective for any reason, are hereby authorized to attach or debit this account or any resulting account of the TOD beneficiary to the extent necessary or appropriate to enforce their rights to the indemnification hereunder. For additional beneficiary designations, attach a separate piece of paper.

Signature of Individual (exactly as registered)

Daytime Phone Number (important)

Date-MM/DD/YYYY

Signature of Joint Tenant (exactly as registered)

Daytime Phone Number (important)

Date-MM/DD/YYYY