



# Ave Maria Mutual Funds

## Beneficiary Designation for Non-Retirement Accounts

For assistance in completing this form please call **1-888-726-9331**

**This form allows an individual/joint account holder(s) to specify a beneficiary as recipient of the account upon death of the owner(s). This requires a change in the registration on the account.**

### 1 ACCOUNT INFORMATION

Account Owner's Name \_\_\_\_\_

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

### 2 BENEFICIARY INFORMATION

Beneficiary Name	Birthdate	Social Security #	Share %	Primary	Contingent
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Once the account information has been updated, the registration will appear as follows:

**<Name of account owner(s)>  
TOD <Name of beneficiary>**

Transfer-on-death (TOD) laws vary by state. Please consult an attorney licensed in your state for detailed advice regarding your TOD registration. If there is a dispute regarding the right of a TOD beneficiary to receive assets pursuant to this TOD registration, your states' laws could effect the dispensation of the assets.

Until the death of the shareholder, the beneficiary holds no ownership interest over the account. The account holder may change the designated beneficiary at any time.

Sign and date below to authorize the change.

### 3 SIGNATURES (Please sign exactly as account is registered)

Account Owner \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form to: **Ave Maria Mutual Funds  
c/o Shareholder Services  
P.O. Box 46707  
Cincinnati, OH 45246-0707**

or fax: **513-587-3438**