

People's Securities, Inc.

A subsidiary of People's United Bank

Brokerage Account Number

Account Title: _____

Please complete this form and return it to People's Securities, Inc., P.O. Box 31, Bridgeport, Connecticut 06601-0031.

The beneficiary designations you make upon establishing a Transfer on Death Account will take precedence over any estate plans you may have established through a will or trust, so you are advised to consult with your tax and estate planning professionals.

Please Clearly Designate All Primary and Contingent Beneficiaries

Section 1: Primary Beneficiary Designation

Upon the death of the account holder or, if a joint account, upon the death of the last surviving account holder, all of the assets in this account will be transferred to the beneficiaries named below who survive the last surviving account holder by 120 hours. Unless different percentages are indicated below, the account assets will be divided equally among the named beneficiaries. If multiple beneficiaries are named, the percentage allocations must equal 100%.

Primary Beneficiary (1)

Name: _____

Address: _____

Daytime Phone Number: _____

Relationship to Account Holder: _____

Social Security #: _____ Designated Percentage: _____

Primary Beneficiary (2)

Name: _____

Address: _____

Daytime Phone Number: _____

Relationship to Account Holder: _____

Social Security #: _____ Designated Percentage: _____

Primary Beneficiary (3)

Name: _____

Address: _____

Daytime Phone Number: _____

Relationship to Account Holder: _____

Social Security #: _____ Designated Percentage: _____

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Section 2: Contingent Beneficiary Designation

Unless different percentages are indicated below, the assets held in the account will be divided equally among the contingent beneficiaries listed below. If any designated primary beneficiary does not survive the account holder, or, in the case of a joint account, the last surviving account holder, or does not survive the last surviving account holder by 120 hours, the deceased beneficiary's interest (please check one):

- will pass to the remaining primary beneficiary (ies) pro rata (in proportion to the designated percentages)
will pass to the estate of the account holder, or, in the case of a joint account, to the estate of the last surviving account holder
will pass to the following contingent beneficiary (ies) (in proportion to the percentages designated below)

Contingent Beneficiary (1)

Name:
Address:
Daytime Phone Number:
Relationship to Account Holder:
Social Security #: Designated Percentage:

Contingent Beneficiary (2)

Name:
Address:
Daytime Phone Number:
Relationship to Account Holder:
Social Security #: Designated Percentage:

Contingent Beneficiary (3)

Name:
Address:
Daytime Phone Number:
Relationship to Account Holder:
Social Security #: Designated Percentage:

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Should all designated and primary beneficiary(ies) disclaim the assets, predecease the account holder or not survive the last surviving account holder by 120 hours, the assets will be distributed to the estate of the last surviving account holder.

Spousal Consent (for use in community or martial property states)

(This section should be reviewed and completed if the account holder is located in a community or martial property state and the account holder is married. Due to the important tax consequences of giving up one's community property rights, individuals signing this section should consult with his or her tax or legal advisor.)

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to consult with my tax and/or legal advisor.

I hereby give to the account holder any interest I have or may claim in this account and consent to the beneficiary designation(s) indicated above. I assume responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the registering entity.

Signature of Spouse

Date

Signatures

By signing below, the account holder(s) acknowledge that this Transfer on Death ("T.O.D") Account will be governed by the transfer on death statute and regulations of the state of domicile of the account holders, and the terms and conditions contained in this agreement. Account Holder(s) agree to indemnify People's Securities, Inc., it's directors, officers, employees, agents and affiliates against any and all claims or actions which may arise to the extent that the establishment of this Transfer on Death Account is found to have been invalid or ineffective under applicable state law. I understand that if I am completing and signing this form for the purpose of changing any beneficiary, any prior designation of person(s) named is canceled, and I have redesignated on this form any person(s) I wish to continue as a beneficiary(ies).

Account Holder Signature

Date

Account Holder Signature

Date

Personally appeared before me this _____ day of _____

Notary

My commission Expires