

Transfer on Death Account Designation

IMPORTANT INFORMATION:

If you are establishing a new Columbia Private Trust Non-Qualified (Taxable) Account as a Transfer on Death (TOD) Account, this form must be accompanied by a completed and executed Columbia Private Trust Non-Qualified (Taxable) Account Establishment form. TOD registration is NOT ALLOWED for accounts registered as tenants in common.

- Please note that this form cannot be used to update beneficiary information for retirement accounts.

You must complete and sign this form if:

1. You wish to establish a Columbia Private Trust Non-Qualified (Taxable) Account as a TOD Account; or
2. You wish to convert your existing Columbia Private Trust Non-Qualified (Taxable) Account to a TOD Account; or
3. You wish to cancel or change your beneficiary designation on an existing Columbia Private Trust TOD Account.

1. ACCOUNT TYPE AND OWNER INFORMATION

- Please select the appropriate account type:

Individual Joint Trust
Estate Guardianship/Conservatorship Minor (UGMA/UTMA)

NAME (FIRST, MI, LAST)*

EXISTING COLUMBIA PRIVATE ACCOUNT NO.*

Must exactly match name(s) of individual or joint tenants with right of survivorship (JTWROS) on Non-Qualified (Taxable) Account Establishment form or existing account.

2. ACCOUNT ACTION

- I would like to:

Establish a Columbia Private Trust Non-Qualified (Taxable) Account as a Transfer on Death ("TOD") Account.

Convert my existing Columbia Private Trust Non-Qualified (Taxable) Account, Account No.: _____, to a TOD Account.

Cancel or change my beneficiary designation on an existing Columbia Private Trust TOD Account.

3. TRANSFER ON DEATH BENEFICIARY DESIGNATION

The total percentage for each class of beneficiary (primary or contingent) must equal 100%. For example: if you are designating 3 beneficiaries with rights to equal portions of the account, the amount should reflect 33.33%, 33.33% and 33.34%. If your beneficiary designation in each class does not equal 100%, Columbia Private Trust will not be able to process the designation and will out for clarification.

If you are designating a Trust as beneficiary - Columbia Private Trust also requires a completed Trust Certification Form in order to process the designation.

In the event of your death, your account will be divided equally (unless otherwise indicated by you) to any living beneficiaries. If no primary beneficiary survives you, your account will be divided equally (unless otherwise indicated by you) to any living contingent beneficiaries. If you are not survived by any designated primary or contingent beneficiary, your account will become part of your estate (in the case of an individual account) or the estate of the last owner to die (in the case of a JTWROS account). If any of the multiple beneficiaries at a particular level (primary or contingent) dies before his or her interest is completed, the remaining interest shall be divided among the surviving beneficiaries according to the ratio of allocation between such surviving beneficiaries.

If you are using this form to change your beneficiary designation on an existing Columbia Private Trust TOD Account, this designation voids your current beneficiary designation in its entirety. You must include all intended beneficiaries on this form (using additional sheets as necessary), including any that may have been named in an earlier designation, for any allocation to such beneficiary to be effective.

Important note about community property rights. If you live in a community property state and you are married, your spouse may have certain rights to your account. You may wish to consult with your legal advisor(s) for guidance on community property rights.



PRIMARY BENEFICIARY(IES)

Below, please provide us with your beneficiary information. These fields are needed to aid Columbia Private Trust in reaching the named parties if required.

BENEFICIARY #1 NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	PHONE NO.	PERCENTAGE* %
SOCIAL SECURITY NO.*		RELATIONSHIP*	
RESIDENCE ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
EMAIL ADDRESS			

BENEFICIARY #2 NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	PHONE NO.	PERCENTAGE* %
SOCIAL SECURITY NO.*		RELATIONSHIP*	
RESIDENCE ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
EMAIL ADDRESS			

CONTINGENT BENEFICIARIES

BENEFICIARY #1 NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	PHONE NO.	PERCENTAGE* %
SOCIAL SECURITY NO.*		RELATIONSHIP*	
RESIDENCE ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
EMAIL ADDRESS			

BENEFICIARY #2 NAME (FIRST, MI, LAST)*	DATE OF BIRTH*	PHONE NO.	PERCENTAGE* %
SOCIAL SECURITY NO.*		RELATIONSHIP*	
RESIDENCE ADDRESS*			
CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*
EMAIL ADDRESS.			



5. ACKNOWLEDGMENT & SIGNATURE

I, the undersigned, hereby acknowledge that I have read, understand, and agree to all of the terms of the Columbia Private Trust Non-Qualified (Taxable) Account Establishment form, Instructions and Additional Terms and Conditions, and terms of this Transfer on Death Account Designation form for Columbia Private Trust Non-Qualified (Taxable) Accounts (collectively the "TOD Account Documents") and that I have retained a copy of such documents for my own records. I authorize Columbia Private Trust to process this beneficiary designation. I agree to release, indemnify, defend, and hold Columbia Private Trust and its related entities harmless from any claims arising out of processing my beneficiary changes/updates including any damages, fees, costs or expenses arising therefrom.

ACCOUNT OWNER SIGNATURE*

PRINT NAME*

DATE

JOINT ACCOUNT OWNER SIGNATURE*

PRINT NAME*

DATE

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NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Upload forms to:
ColumbiaPrivateTrust.com/Upload

Fax to: 303.614.7038

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

