

TRANSFER ON DEATH DESIGNATION

GRANTOR(s), as Stockholder(s),

TRANSFER ON DEATH TO:

TOD Address _____ TOD Phone # _____

TOD Email _____

As GRANTEE BENEFICIARY, all of the following described share of stock: (Unit address)

I UNDERSTAND THAT THIS TRANSFER ON DEATH DESIGNATION IS REVOCABLE AT ANYTIME PRIOR TO MY DEATH AND DOES NOT TRANSFER ANY OWNERSHIP OF THE STOCK SHARE UNTIL MY DEATH. THIS TRANSFER ON DEATH REQUEST HEREBY REVOKES ALL OF MY PRIOR BENEFICIARY DESIGNATIONS AND IS EXECUTED PURSUANT TO K.S.A. 17-49a01, et seq.

Executed this _____ day of _____, 20_____.

Signature (Stockholder(s))

Signature (TOD to)

Print Name

Print Name

State of Kansas)
) ss
County of Wyandotte)

On this _____ day of _____, 20_____, before me, the undersigned, a Notary Public in and for the county and state aforesaid, personally appeared

_____ (Stockholder(s))
to me personally known to be the same person(s) who executed the within and foregoing instrument of writing and acknowledged to me that the same was executed as a free and voluntary act and deed for the uses and purposes therein set forth. IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal the day and year last above written.

Notary Public

My Commission Expires: