

REGULAR MAIL:

AIG Funds
 P.O. Box 219186
 Kansas City, MO 64121-9186

FAX: (816) 218-0519

EXPRESS, CERTIFIED OR REGISTERED MAIL:

AIG Funds
 430 W 7th St, STE 219186
 Kansas City, MO 64105-1407



TRANSFER ON DEATH (TOD) BENEFICIARY DESIGNATION REQUEST

Fund _____ Account Number _____ Date _____

A Transfer on Death allows shareholders to name one or more beneficiaries on a non-retirement account while maintaining control of the account during their lifetime. Upon the shareholder's death, the ownership of the account passes to the surviving, named beneficiaries. **Do not use this form to change beneficiaries on IRAs or employer-sponsored retirement plan accounts.** Please call us at 800.858.8850 for assistance in completing this form or to obtain the correct beneficiary form for an IRA account.

PLEASE NOTE: This type of account is not available in Louisiana and Texas only.

1 REGISTRATION

Account Owner's Name (First, Middle Initial, Last) _____ Joint Account Owner's Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____ () - _____ Daytime Telephone _____

2 DESIGNATION OF BENEFICIARY

Upon receipt of notice of my death and such documents as you deem appropriate, and without further instruction, I hereby authorize and instruct you to transfer to the person(s) identified below as beneficiary(ies) in the percentage designated all money, securities and other property held in my TOD Account as of the date of your receipt of such documents. I may change the designation of the Beneficiary(ies) only by completing a new Transfer on Death Beneficiary Designation Request Form.

This is a (check one): Designation of TOD beneficiary(ies)
 Change in TOD beneficiary(ies)

BENEFICIARY # 1

Name _____

Address _____

City, State, Zip _____ / /

Social Security Number _____ Date of Birth _____

Percent _____ Relationship _____

BENEFICIARY # 2

Name _____

Address _____

City, State, Zip _____ / /

Social Security Number _____ Date of Birth _____

Percent _____ Relationship _____

PLEASE NOTE: The total percentage assigned to all beneficiaries MUST equal 100%. You may indicate any additional beneficiaries on a separate sheet of paper and attach it to this form.

3 SIGNATURES

All account owners must sign below to authorize the beneficiary changes.

Signature of Account Owner _____ Signature of Joint Account Owner (if applicable) _____