

**TRANSFER ON DEATH  
(TOD) REGISTRATION  
REQUEST FORM**



Use this **Transfer on Death Registration Form** to name a beneficiary on your account. If you have any questions regarding this form, please call Shareholder Services at 1-800-238-7701.

**PART I: REGISTRATION DATA (\*DENOTES REQUIRED INFORMATION)**

New Account  Existing Account

Account Number (if known) \_\_\_\_\_

Name on Account\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Name (if JTWROS or TEN ENT)\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

U.S. Citizen  Resident Alien (Country) \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

*For mailing outside of U.S., provide:*

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**PART II: BENEFICIARY DESIGNATION**

Beneficiary's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



## Transfer and Revocation During Life of Owner(s)

The owner(s) of the account may change or revoke the TOD registration with clear written instructions to the Archer Balanced Fund, c/o Unified Fund Services, Inc., P.O. Box 6110, Indianapolis, IN 46206-6110. If there are outstanding share certificates for the TOD account, the certificate must be properly endorsed by the surviving owner(s) with their signatures guaranteed by a financial institution of the type described in the Fund prospectus. In addition, the surviving owner(s) must provide the Fund and its transfer agent with evidence of the death of the deceased co-owner (certified death certificate) and inheritance tax waivers and/or affidavits of domicile of the deceased co-owner, if applicable.

*Neither the Fund or its transfer agent are responsible for determining the tax and legal consequences to you concerning your decision to register your fund shares in TOD form. Neither the Fund or its transfer agent shall be responsible to a designated TOD beneficiary for dividends or distributions in respect of share registered in TOD form paid after the owner's death but before the transfer of such shares to the designated beneficiary.*

**Future changes in These Guidelines.** These guidelines are subject to change by the Archer Balanced Fund and its transfer agent in response to changes in TOD statutes as adopted in several states and in the Securities Transfer Association's TOD Rules.

## MAILING INSTRUCTIONS

Please send completed form to:

**Regular Mail Delivery**

Archer Balanced Fund  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Mail Delivery**

Archer Balanced Fund  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208