

# TRANSFER-ON-DEATH (TOD) BENEFICIARY FORM

For Internal Use
PM
A/C#

## AGREEMENT:

Pursuant to the Uniform Transfer-on-Death Security Registration Act, and in accordance with section 1709.01 - 1709.11 of the Act, I (we) hereby declare that this account # \_\_\_\_\_ with Johnson Mutual Funds and the securities\* contained within, is registered as an  **Individual Account** or  **Joint Account** with Rights of Survivorship, and that I (we) are hereby naming a transfer-on-death beneficiary. The current account registration is as follows:

_____	_____	_____	_____	_____
ACCOUNT OWNER	TAX ID OR SSN			
_____	_____	_____	_____	_____
ACCOUNT OWNER	TAX ID OR SSN			
_____	_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP	

## TOD BENEFICIARY DESIGNATION:

Subject to the limitations of Section 5731.39 of the Revised Code, upon the death of the above named owner(s), ownership of the securities in the above named account shall pass to the beneficiary(ies) who survive the owners upon proof of death of the owner or both owners if this account is a Joint Account with Rights of Survivorship. If the beneficiary(ies) herein named fail to survive the owner(s), all assets held in this account shall be included in the owner(s) estate. (If you would like to add more beneficiaries than the space provided, please attach a sheet containing the appropriate information.)

*The following individual(s) or entity(ies) shall be my (primary and/or contingent) beneficiary(ies). I revoke all prior TOD Beneficiary designations, if any, made by me/us for all assets held in this account. If more than one (primary) beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in this account. (Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.)*

## BENEFICIARY DESIGNATION:

### Primary:

NAME	TAX ID OR SSN	RELATIONSHIP	DATE OF BIRTH	ADDRESS (OPTIONAL)	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Contingent:

NAME	TAX ID OR SSN	RELATIONSHIP	DATE OF BIRTH	ADDRESS (OPTIONAL)	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SPOUSAL CONSENT:**

Required only if you live in a community or marital property state, spousal consent is required.

- I am married. I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.
- I am not married.

I am the spouse of the account owner. Because of the significant consequences associated with giving up my interest in the TOD account, the Custodian has not provided me with legal or tax advice, but has advised me to see legal or tax advice. I acknowledge that I have received a fair and reasonable disclosure of the TOD assets and any financial obligations for a community property state. In the event I have a legal interest in the TOD assets, I hereby give to the TOD owner such interest in the assets held in this TOD account and consent to the beneficiary designation set forth.

SPOUSE'S SIGNATURE	PRINTED NAME	DATE
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Johnson Mutual Funds, and the account owner(s) hereby agree that the proceeds of this account shall be transferred upon the death of the account owner(s) to the beneficiary(ies) named herein. Notwithstanding the foregoing, the account owner(s) has the right during his or her lifetime(s) both to withdraw the proceeds of this account, in whole or part, and to designate a change in beneficiary(ies). The interest of the beneficiary(ies) shall not vest until the death of the account owner or both owners if this account is a Joint Account with Rights of Survivorship. No change in the designation of the beneficiary(ies) shall be valid unless executed in the form and manner prescribed by Johnson Mutual Funds, the agent. A specimen of the owner's signature(s) for this account is on file at the agent and the agent is hereby authorized to act without further inquiry on writings bearing such signature or signatures.

In the event of the death of the primary account owner(s), the law requires a TOD beneficiary to provide the agent a copy of the death certificate and a tax release or equivalent and endorsement by the beneficiary with the signature(s) guaranteed. The Transfer Agent may require additional information from the beneficiary(ies) as necessary to process the transfer. As evidenced by the signature(s) below, I (we) hereby agree to the terms of this TOD account.

PRIMARY ACCOUNT OWNER'S SIGNATURE	PRINTED NAME	DATE
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PRIMARY ACCOUNT OWNER'S SIGNATURE	PRINTED NAME	DATE
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