



# Transfer on Death Beneficiary Form

## Open-End Funds

This form should be used to establish a Transfer on Death (TOD) Beneficiary on individual or joint accounts. However, this form cannot be used to designate beneficiaries on IRAs or other retirement accounts. Please complete ALL sections to ensure proper and speedy processing. DST Asset Manager Solutions, Inc. (DST AMS) rules regarding TOD registration under the **Massachusetts** non-probate transfers law will be sent to you upon receipt of this form.

**Please Print, Preferably with Black Ink**

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### Step One Account Information

Please indicate what type of account this is:

**New Account** An Account Application must be enclosed.

**Existing Account**

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ACCOUNT NUMBER

FUND NAME

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NAME OF ACCOUNT OWNER (FIRST, MIDDLE, LAST)

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OWNERS' RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

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OWNER'S DAYTIME PHONE NUMBER

OWNER'S EVENING PHONE NUMBER

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OWNER'S SOCIAL SECURITY NUMBER

OWNER'S DATE OF BIRTH (MM/DD/YYYY)

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NAME OF CO-OWNER (FIRST, MIDDLE, LAST)

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CO-OWNER'S SOCIAL SECURITY NUMBER

CO-OWNER'S DATE OF BIRTH (MM/DD/YYYY)

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### Step Two Primary Beneficiary

**Please include in the registration of my (our) account the following Beneficiaries for Transfer on Death of the account owner(s):**

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BENEFICIARY NAME (FIRST, MIDDLE, LAST)

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SOCIAL SECURITY NUMBER

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RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

For assistance,  
call Shareholder Services (800) 841-1180

TheRoyceFunds

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### Step Three Additional Beneficiary (optional)

Choose one  Primary  Contingent

Please include in the registration of my (our) account the following Beneficiaries for Transfer on Death of the account owner(s):

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BENEFICIARY NAME (FIRST, MIDDLE, LAST)

---

SOCIAL SECURITY NUMBER

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RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

Choose one  Primary  Contingent

Please include in the registration of my (our) account the following Beneficiaries for Transfer on Death of the account owner(s):

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BENEFICIARY NAME (FIRST, MIDDLE, LAST)

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SOCIAL SECURITY NUMBER

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RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

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### Step Four Signature(s)

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SIGNATURE OF ACCOUNT OWNER

DATE

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SIGNATURE OF CO-OWNER

DATE

**Spouse MUST sign below if not joint owner or Beneficiary. I hereby consent to the Beneficiary designation stated above:**

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SIGNATURE OF SPOUSE

DATE

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### Step Five Mailing Instructions

**Please mail the completed form to:**

The Royce Funds  
c/o DST AMS  
PO Box 219012  
Kansas City, MO 64121-9012