



## Transfer on Death Designation Form

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

### TRANSFER ON DEATH PRIMARY BENEFICIARY:

\_\_\_\_\_  
Name Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Address City State Zip

### TRANSFER ON DEATH CONTINGENT BENEFICIARY:

\_\_\_\_\_  
Name Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Address City State Zip

**Please Note: A Signature Guarantee, or Medallion Signature Guarantee, or Endorsement Guarantee will be required to designate, revoke, or change a beneficiary designation. A Notary Public is not an acceptable substitute.**

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Signature of Account Joint Owner (if applicable)

**Signature Guarantee:**

### Please return via mail to:

For questions, please contact Van Eck Funds at: (800) 544 – 4653  
Representatives are available to assist you **Monday through Friday**  
between the hours **of 9:00am and 5:30pm** Eastern Time.

**Regular mail to:**  
Van Eck Funds  
PO Box 218407  
Kansas City,  
MO 64121-8407 64105

**Overnight:**  
Van Eck Funds  
210 W 10<sup>th</sup> St FL 8  
Kansas City, MO