



Volumetric Fund, Inc

87 Violet Drive
Pearl River, New York 10965
www.volumetric.com
800-541-FUND or 845-623-7637

TOD Beneficiary Form

Designation of Transfer on Death (TOD) Beneficiary

Complete this form to set up or change the TOD beneficiary on your Volumetric Fund, Inc. account. ONLY accounts registered as individual or joint tenants WRTOS may designate a TOD beneficiary.

ACCOUNT INFORMATION

Name of Account Owner (first, middle initial, last) Social Security Number

Name of Joint Account Owner (first, middle initial, last) Social Security Number

Check one:

() EXISTING ACCOUNT: Account # _____

() NEW ACCOUNT: : New Account # _____

PRIMARY BENEFICARY(IES)

BENEFICARY 1

Name of Beneficiary 1 (first, middle initial, last)

Mailing Address

City State Zip Code

Phone Number Email Address

Beneficiary's Social Security Number Date of Birth (mm/dd/yyyy)

Relationship Percentage

BENEFICARY 2

Name of Beneficiary 2 (first, middle initial, last)

Mailing Address

City State Zip Code

Phone Number Email Address

Beneficiary's Social Security Number Date of Birth (mm/dd/yyyy)

Relationship Percentage

BENEFICIARY 3

Name of Beneficiary 3 (first, middle initial, last)

Mailing Address

City State Zip Code

Phone Number Email Address

Beneficiary's Social Security Number Date of Birth (mm/dd/yyyy)

Relationship Percentage

BENEFICIARY 4

Name of Beneficiary 4 (first, middle initial, last)

Mailing Address

City State Zip Code

Phone Number Email Address

Beneficiary's Social Security Number Date of Birth (mm/dd/yyyy)

Relationship Percentage

I understand that this TOD beneficiary designation shall replace any previous TOD beneficiary designation I have made for Volumetric Fund, Inc. I acknowledge that this designation is effective upon receipt and will remain in effect until I deliver a written notice of change or revocation of beneficiary(ies).

Signature of Account Owner Signature of Joint Account Owner

Print Name Print Name

Date Date