



Volumetric Fund, Inc

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

TDD Cash Out Form

TRANSFER ON DEATH DISTRIBUTION

BENEFICIARY INFORMATION

I, _____ am a designated beneficiary for
Print Name

account _____ registered to _____
Account number Print Decedent's Name

My Social Security number is _____

Please make the check payable to me and mail to the following address:

In accordance with the Transfer on Death Beneficiary Agreement (TOD Agreement), I am providing this notarized distribution form and a copy of the death certificate. I request that Volumetric Fund liquidate the percent of shares indicated in the above TOD Agreement to me. I understand that Volumetric Fund reserves the right to take no action with regard to the distribution until there are clear instructions from each beneficiary or a court of competent jurisdiction.

DATE BENEFICIARY SIGNATURE

Notary:

State of: _____

County of: _____

On the _____ day of _____, 20____, before me, the undersigned

notary Public, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose therein contained. In witness whereof, I hereunto set my hand and official seal.

X _____
Notary Public