



Transfer on Death Supplemental Registration Form

To be completed ONLY for Transfer on Death registrations. For assistance, please call 800-914-8716.

1. Shareholder Information

_____ Shareholder Name(s) (first/initial/last)	_____ Social Security Number	_____ Date of Birth (mm/dd/yyyy)	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Email Address (optional)	_____ Daytime Phone (Area Code + Number)	_____ Evening Phone (optional)	

2. Fund Selection (Please Print or Type)

Account Number(s)	Fund Name/Number(s) (if known)
_____	_____
_____	_____
_____	_____
_____	_____

3. Beneficiary Information

Complete this section to add beneficiaries to a new account or to change beneficiaries on an existing account.

This beneficiary designation will replace any beneficiary information you currently have on file with MoA Funds. Neither MoA Funds, the Custodian nor any of their agents will be liable for any claims, loss, damage, or expense arising out of or in any manner connected with a distribution pursuant to the Beneficiary Designation.

Total percentages must add up to 100% for primary beneficiaries. Additionally, any contingent beneficiaries must add up to 100%.

MoA Funds is unable to accept "Per Stirpes" Beneficiary designations.

Beneficiary Spousal Consent (Required)

- I am not married
 I am widowed
 My Spouse is listed below
 I am the owner's spouse, and I approve and consent to the naming of a primary beneficiary other than myself.

Signature of Spouse

A. Primary

Date (mm/dd/yyyy)

Contingent

Primary Beneficiary Name (first/initial/last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Relationship

Percentage of Distribution

B. Primary

Contingent

Primary Beneficiary Name (first/initial/last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Relationship

Percentage of Distribution

C. Primary

Contingent

Primary Beneficiary Name (first/initial/last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Relationship

Percentage of Distribution

D. Primary

Contingent

Primary Beneficiary Name (first/initial/last)

Social Security Number

Date of Birth (mm/dd/yyyy)

Relationship

Percentage of Distribution

4. Authorization of TOD Registration

Please read this section carefully and have all registered owners sign.

Signature guaranteed instructions must be received from the owner(s) to change or revoke a beneficiary designation. Until the owner(s) dies, the beneficiary has no rights in the shares and no instructions can be accepted from, or account information provided to, such beneficiaries.

***Please review with a tax advisor if your account is eligible for transfer on death registration.**

Upon the death of the sole or last joint owner, the shares become property of the TOD beneficiary. The beneficiary must survive the owner to be entitled to the shares; if the beneficiary does not survive the owner(s), the beneficiary's estate would not be entitled to the shares, and the shares would then become property of the deceased owner's estate. If the beneficiary survives the owners, but is not alive when the transfer request is received, the shares become property of the beneficiary's estate.

To transfer shares to the beneficiary, the following must be received in good order: a certified death certificate for owner(s), signature guaranteed instruction form from all beneficiaries, and completed new account application by each beneficiary. If the beneficiary is a minor or incompetent, a parent, guardian, or conservator must submit an affidavit attesting that the beneficiary survived the owner. The person(s) supplying the affidavit must indicate their relationship to the beneficiary, and the affidavit must be signature guaranteed. Further instructions, such as court documents, may be needed to complete the change of ownership.

Before signing, carefully review the above information for accuracy and the TOD rules described above, as they will be binding upon your heirs, representatives, and assigns. It is recommended that you seek the advice of an attorney with respect to the legal consequences of signing this form.

Signature of Shareholder(s)

Date (mm/dd/yyyy)

Signature of Shareholder(s) (if applicable)

Date (mm/dd/yyyy)

Signature(s)/Notary

All New and Existing Trustees or Authorized Agents must sign and date below. By signing below, you certify that the information contained in this form is true and correct. You understand that MoA Funds is relying on this information to maintain your mutual fund account(s).

- If additional signatures are required, attach additional signature/notary page.
- Each signature must be notarized separately.

Printed name of Trustee/Authorized Agent

Printed name of Trustee/Authorized Agent

X

X

Signature of Trustee/Authorized Agent

Signature of Trustee/Authorized Agent

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Title of Trustee/Authorized Agent

Title of Trustee/Authorized Agent

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or foreign consular seals may NOT be substituted.

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In the State of _____, County of _____, subscribed and sworn to before me, the undersigned notary, on the date indicated below next to my signature, by the above-named Trustee/Authorized Agent who is personally known to me or who has produced _____ as identification, who states that the foregoing statements were personally known by the Trustee/Authorized Agent to be true, accurate, and were made of his or her own free act and deed.

In the State of _____, County of _____, subscribed and sworn to before me, the undersigned notary, on the date indicated below next to my signature, by the above-named Trustee/Authorized Agent who is personally known to me or who has produced _____ as identification, who states that the foregoing statements were personally known by the Trustee/Authorized Agent to be true, accurate, and were made of his or her own free act and deed.

If this form is being used in conjunction with an account application to establish a new account, please attach it to the application.

If this form is being used alone, please mail the completed form to:

Mail:

MoA Funds
PO Box 182572
Columbus, OH 43218-2572

Express mail to:

MoA Funds
c/o FIS Investor Services
4249 Easton Way, Suite 400
Columbus, OH 43219

FOR ASSISTANCE CALL: 800-914-8716
MAIL TO: MoA Funds, PO Box 182572 Columbus, OH 43218-2572
OVERNIGHT TO: MoA Funds c/o FIS Investor Services 4249 Easton Way, Suite 400 Columbus, OH 43219

The MoA Funds are distributed by Foreside Fund Services, LLC.