

Mail to: Archer Capital Management Group
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Suite 210Wilmington, Delaware 19801

Fax to: +1 (302) 394-6931
Email: support@archerfund.com

For additional information please call toll-free: +1 (888) 740-8210 or visit us in the web at www.archerfund.com

Transfer on Death (TOD) Registration is subject to the rules governing TOD registration on the back of this form. To register a new account or re-register an existing account in TOD form, submit this form to Archer Capital Management Group at the address/fax/email indicated above. If you have not previously submitted an account application, you must submit one with this form. Information that may assist you in completing this form is contained on the Rules Governing TOD Registration on the back of this form. Please provide the information requested in Sections 2 and 3 on the reverse side of this form or a separate piece of paper, if you wish to designate more than two primary or secondary beneficiaries.

1 Account Information

Owner Account Number

Owner's Name (First, M.I., Last)

Joint Owner's Name (First, M.I., Last) if any

2 Beneficiary Designation (A joint owner listed in Section 1 cannot be listed as a beneficiary)

Name (First, M.I., Last)

Date of Birth(MM/DD/YYYY)

Social Security Number/ID Number

Percentage

Name (First, M.I., Last)

Date of Birth(MM/DD/YYYY)

Social Security Number/ID Number

Percentage

3 Secondary Beneficiary Designation

Name (First, M.I., Last)

Date of Birth(MM/DD/YYYY)

Social Security Number/ID Number

Percentage

Name (First, M.I., Last)

Date of Birth(MM/DD/YYYY)

Social Security Number/ID Number

Percentage

If adding more than two primary or secondary beneficiaries, include the name, relationship, date of birth, address, SSN/ID, appropriate beneficiary designation and percentage for the additional beneficiaries on the reverse side of the form or on a separate piece of paper.

4 Signature(s)

By signing below

I /we hereby:

- | | |
|---|--|
| 1) my fund company to register the fund account named above in TOD form with the beneficiary or beneficiaries named above; | 3) in making this designation, I/we hereby revoke any prior designations; |
| 2) agree that this TOD account will be governed by the Rules Governing TOD Registration on the back of this form, which are incorporated herein by reference as if set forth in full; | 4) retain the right to revoke this designation and designate a new beneficiary at any time by communicating to Archer Capital Management Group, in writing |

Owner's Signature

Owner's Name

Date(MM/DD/YYYY)

Joint Owner Signature (if applicable)

Joint Owner Name (if applicable)

Date(MM/DD/YYYY)

Power of Attorney Signature (if applicable)

Power of Attorney Name (if applicable)

Date(mm/dd/yyyy)