

#REG7 - TRANSFER ON DEATH REQUEST

a) Full Name(s) of the Deceased <small>[PLEASE PRINT]</small>	
b) Address of the Deceased	
c) Date of Death	
d) Deceased Registry Account Number	
e) Securities to be Transferred	
f) Full Name of Transferee(s) List ALL Joint Transferees. <small>(Complete sections g) through o) in respect of a sole transferee, or if joint, the first named transferee. Additional transferees must complete supplemental forms in Appendix A)</small>	1. 2. 3. 4.
g) Country of Birth	
h) Country(ies) of Citizenship <small>(In case of multiple citizenship, please list all that apply)</small>	
i) Address	
j) Date of Birth	
k) Contact Details Telephone Number(s) Email address
l) Dividend/Interest Payment Option <small>Please provide Bank Account details including country where bank located; and intermediary bank, if applicable:</small>	Account # Account Name: Bank Name: Bank Address:
m) Type of Registry Account <small>(Please tick appropriate space.)</small>	Single <input type="checkbox"/> Joint <input type="checkbox"/> <small>(If Joint, each additional holder must complete section on Appendix A)</small>
n) Registry Account Number <small>(If account already held at ECCSD)</small>	
o) Signature of Transferee	

<p>p) Executor/Administrator (In case of joint executors/administrators, each additional executor/administrator must complete a supplemental form in Appendix B)</p>	<p>Name:</p> <p>Signature:</p>
<p>q) Name of Witness</p>	
<p>r) Address of Witness</p>	
<p>s) Occupation of Witness (Please tick appropriate box)</p>	<p>(a) Licensed Principal <input type="checkbox"/></p> <p>(b) Employee of ECCSD <input type="checkbox"/></p> <p>(c) Notary Public <input type="checkbox"/></p>
<p>t) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)</p>	<p>.....</p>
<p>ECCSD OFFICIAL USE:</p> <p>Entered By:..... Signature:..... Date.....</p> <p>Checked By:..... Signature:..... Date:.....</p> <p>Authorised By:..... Signature:..... Date.....</p>	

NB: If the transferee is a minor, a notarized letter designating the minor's custodian must be attached. Additionally, certain instances may require the appointment of a guardian or conservator as a condition of any distribution.

A certified copy of the probate documents, certified copies of two Government-issued photo IDs of the Beneficiary (eg Passport, Driver's License; Social Security/NIS ID or National ID) and a fee of EC\$20.00 are required.

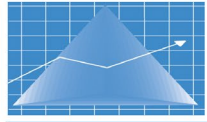
#REG7

APPENDIX A - JOINT TRANSFEREE SUPPLEMENT

a) Full Name of Transferee	
b) Country of Birth	
c) Country(ies) of Citizenship (In case of multiple citizenship, please list all that apply)	
d) Address	
e) Date of Birth	
f) Contact Details Telephone Number(s) Email address:
g) Signature of Transferee	
h) Date	
i) Name of Witness	
j) Address of Witness	
k) Occupation of Witness (Please tick appropriate space.)	(a) Licensed Principal: <input type="checkbox"/> (b) Employee of ECCSD: <input type="checkbox"/> (c) Notary Public: <input type="checkbox"/>
l) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)

NB: A separate Supplement must be completed for EACH additional Transferee and attached to the Transfer on Death Form.

Certified copies of two Government-issued photo IDs of Beneficiary (eg Passport, Driver's License; Social Security/NIS ID or National ID) are required.



ECCSD

EASTERN CARIBBEAN CENTRAL SECURITIES DEPOSITORY LTD

#REG7

APPENDIX B - JOINT EXECUTOR/ADMINISTRATOR SUPPLEMENT

a) Full Name of Joint Executor/Administrator	
b) Signature of Joint Executor/Administrator	
c) Date	
d) Name of Witness	
e) Address of Witness	
f) Occupation of Witness (Please tick appropriate space.)	(a) Licensed Principal: <input type="checkbox"/> (b) Employee of ECCSD: <input type="checkbox"/> (c) Notary Public: <input type="checkbox"/>
g) Signature of Witness (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)

NB: A separate Supplement must be completed for EACH additional Executor/Administrator and attached to the Transfer on Death Form