



Transfer on Death Designation Form

Account Number: _____

Account Name: _____

Phone Number: (____) _____

TRANSFER ON DEATH PRIMARY BENEFICIARY:

Name Date of Birth (MM/DD/YYYY)

Address City State Zip

TRANSFER ON DEATH CONTINGENT BENEFICIARY:

Name Date of Birth (MM/DD/YYYY)

Address City State Zip

Please Note: A Signature Guarantee, or Medallion Signature Guarantee, or Endorsement Guarantee will be required to designate, revoke, or change a beneficiary designation. A Notary Public is not an acceptable substitute.

Signature of account owner

Signature of Account Joint Owner (if applicable)

Signature Guarantee:

Please return via mail to:

For questions, please contact Van Eck Funds at: (800) 544 – 4653
Representatives are available to assist you **Monday through Friday**
between the hours **of 9:00am and 5:30pm** Eastern Time.

Regular mail to:
Van Eck Funds
PO Box 218407
Kansas City,
MO 64121-8407 64105

Overnight:
801 Pennsylvania Ave,
Suite 218407
Kansas City,
MO 64105-1307