

Beneficiary Identification for Harbor Funds Accounts (for use by Executors or Estate Representatives)

Use this form to identify beneficiaries by name when the deceased account owner's beneficiary designation instructs that the assets be distributed to unspecified members of a group (for example, "per stirpes" or "equally to all surviving children").

*This form must be completed and certified by the executor, administrator, or personal representative of a deceased account owner's estate ("estate representative") using **Step 2**. Please print in **CAPITAL LETTERS** and in **black ink**.*

Each beneficiary listed on this form must complete a Medallion Signature Guaranteed Letter of Instruction and a Harbor IRA Account or New Account Application. The letter of instruction should include the current registered account name, account number and a description of the request. A State Inheritance Tax Waiver may also be required depending on the decedent's state requirements. Forms are available on our website at harborcapital.com.

Questions?

Call 800-422-1050

To obtain additional forms or to complete this form online, visit us at harborcapital.com.

Step 1: Deceased Account Owner Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Owner's First Name	M.I.	Account Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Owner's Account Number	Account Owner's Social Security Number	Account Owner's Date of Death (mm/dd/yyyy)

➤ **Note:** *If the deceased account owner had multiple accounts with different beneficiary designations, you must complete a separate form for each designation.*

Step 2: Estate Representative Information

<input type="text"/>		
Name of Executor, Administrator or Personal Representative		
<input type="text"/>		
Mailing Address (Street or P.O. Box)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Primary Phone Number	Optional Phone Number	

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Step 3: Identification of Beneficiaries

Please provide information for all beneficiaries who are entitled to receive the deceased account owner's assets under the account number referenced in **Step 1**. Also, indicate the percentages of the assets to be distributed to the beneficiaries. Date of birth and/or the Social Security Number are required; if one of them is not supplied, it could delay death benefit payments. If you need more room, please attach a separate sheet of paper.

Beneficiaries:

<input type="text"/>	<input type="text"/>	<input style="text-align: center; width: 50px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number		

➤ For multiple beneficiaries, share percentages must add up to 100%. If the share percentages are not indicated, they will be considered equal.

<input type="text"/>	<input type="text"/>	<input style="text-align: center; width: 50px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number		

<input type="text"/>	<input type="text"/>	<input style="text-align: center; width: 50px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number		

<input type="text"/>	<input type="text"/>	<input style="text-align: center; width: 50px;" type="text" value="%"/>
Name	Date of Birth (mm/dd/yyyy)	Share Percentage
<input type="text"/>		
Social Security Number		

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Step 4: Certification of Estate Representative

Sign Below:

The undersigned, being the estate representative of the deceased account owner identified in **Step 1** ("decedent"), hereby certify that I am authorized to identify the beneficiaries of the decedent's assets to Harbor Funds.

- I am authorized to provide additional documentation as required to transfer the assets of the decedent to the beneficiaries.
- The beneficiaries identified in **Step 3** constitute all members of the group of beneficiaries designated by the decedent, including any and all beneficiaries who may be entitled to a share of the assets of the decedent specified in **Step 1** on the basis of a designation made per stirpes or by use of any similar language, and to the best of my knowledge, there are no other persons or entities entitled to a share of the assets of the decedent as a member of the group of beneficiaries.
- As of the date below, I certify that, to the best of my knowledge, the information contained in this form is correct and complete.
- I agree to indemnify and hold harmless Harbor Funds and its affiliates, and their respective officers, directors, employees, and agents (collectively, "Harbor") from any and all loss, expense, costs, liability or damage of any kind that may result from Harbor's reliance on the information provided in this form.

Estate Representative Sign Below:



Signature of Estate Representative

Date (mm/dd/yyyy)



Signature of Estate Representative

Date (mm/dd/yyyy)