



TOD Beneficiary Designation Form

Section 1 - Current Account Information: (Please print)

Account Owner Name

Joint Account Owner Name (if applicable)

Residential Address

Daytime Phone Number

Account Number

Section 2 – TOD Beneficiary Designation

If you reside in a State that has adopted the Uniform Transfer on Death Registration Act, you may designate a beneficiary who will automatically own the account assets upon your death, outside of probate and other court proceedings. The beneficiary has no rights to the account until after your death. If percentage of shares is not indicated or doesn't equal 100% benefits will be paid in equal shares.

*Note: A custodian is required if the beneficiary is a minor. Please provide the custodian's name, social security number and date of birth along with the information requested below for the minor.

Primary Beneficiary (ies):

Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Alternate Beneficiary (ies):

Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Beneficiary's Name	Relationship	Tax ID	Birthdate	Allocation
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Section 3 - Signatures and Authorization

In order to complete your request, all listed account owners must sign below exactly as it appears on your account (if signing on behalf of the account owner, please include your designated title and a signature guarantee).

A **Signature Guarantee** assures that a signature is genuine and protects investors from unauthorized requests. A Signature Guarantee may be obtained from an officer of a commercial bank or trust company, savings and loan or savings bank, or a member firm of a domestic stock exchange. Notarization by a notary public is **not** acceptable.

By signing below, the owner(s) of the above referenced account(s) hereby authorizes the options specified in this form.

Account Owner's Signature and Date

Title (if acting on behalf of the Account Owner)

Affix Signature Guarantee stamp.

Joint Account Owner's Signature and Date

Title (if acting on behalf of the Account Owner)

Affix Signature Guarantee stamp.

See next page for mailing instructions.

Please return the completed form to the address below:

Regular mail:

Sequoia Fund
P.O. Box 219477
Kansas City, MO 64121-9477

Overnight:

Sequoia Fund
c/o SS&C GIDS, Inc.
430 W. 7th Street
Kansas City, MO 64105

If you have any questions or to ensure that all legal requirements are met, please call Shareholder Services at (800) 686-6884.