



nications, Inc.

DESIGNATION OF TRANSFER ON DEATH BENEFICIARY
SDCL § 29A-6, Pt. 3

I, _____ and _____
Name of Member Name of Joint Member (if applicable)

of _____, _____,
City State

pursuant to the terms of the Uniform TOD Security Registration Act, designate the following as the beneficiary of my capital credit account with Midstate Communications, Inc., a South Dakota cooperative (“*Midstate*”) to be transferred upon my/our death (“*Transfer on Death*” or “*TOD*”) to:

Designated Beneficiary(s):

| | |
|------------------------|------------------------|
| _____ Name | _____ Name |
| _____ Address | _____ Address |
| _____ Telephone | _____ Telephone |
| _____ Email address | _____ Email address |

Midstate is authorized to register ownership of my/our capital credit account with Midstate in my name Transfer on Death to the beneficiary named above. This designation remains in effect until amended or revoked by me/us via written instructions to do so.

Member’s Signature Date

Joint Member’s Signature Date

Address

Telephone

Email address

For Office Use Only
Member Number _____