ESTATE · BENEFICIARY DESIGNATION

Designation of Transfer on Death (TOD) Beneficiary

Complete this form to establish or change the TOD beneficiary designation on your InjuryPro Management Fund X LLC related investment account. Only accounts registered as individual, joint tenant (with rights of survivorship), or tenants by the entirety may designate a TOD beneficiary. Do not list IRAs on this form. If you have questions, call 888-290-3369.

1 ACCOUNT OWNER INFORMATION

Please type or print

OWNER LEGAL NAME

First name Middle initial Last name

SOCIAL SECURITY NUMBER

UPDATE ACCOUNT? YES ☐

JOINT OWNER LEGAL NAME (IF APPLICABLE)

First name Middle initial Last name

JOINT OWNER SSN

2 PRIMARY BENEFICIARY(IES)

Percentages must total 100%

Designate one or more beneficiaries by name; percentages for this section must total 100%. Unless noted, distributions are assumed equal. For lineal descendants or per stirpes designations, print it next to the name (consult your estate planning attorney before indicating this option).

FIRST NAME, MIDDLE INITIAL, LAST (OR ENTITY)

MAILING ADDRESS

CITY **STATE** **ZIP**

SOCIAL SECURITY OR TAXPAYER ID NUMBER **PERCENTAGE**

PHONE NUMBER **EMAIL**

DATE OF BIRTH MM/DD/YYYY **RELATIONSHIP**

FIRST NAME, MIDDLE INITIAL, LAST (OR ENTITY)

MAILING ADDRESS

CITY **STATE** **ZIP**

SOCIAL SECURITY OR TAXPAYER ID NUMBER **PERCENTAGE**

PHONE NUMBER **EMAIL**

DATE OF BIRTH MM/DD/YYYY **RELATIONSHIP**

3 SECONDARY BENEFICIARY(IES)

If all primary beneficiaries predecease the owner

Designate one or more beneficiaries by name; percentages for this section must total 100%. Unless noted, distributions are assumed equal. For lineal descendants or per stirpes designations, print it next to the name (consult your estate planning attorney before indicating this option).

FIRST NAME, MIDDLE INITIAL, LAST (OR ENTITY)

MAILING ADDRESS

CITY **STATE** **ZIP**

SOCIAL SECURITY OR TAXPAYER ID NUMBER **PERCENTAGE**

PHONE NUMBER **EMAIL**

DATE OF BIRTH MM/DD/YYYY **RELATIONSHIP**

FIRST NAME, MIDDLE INITIAL, LAST (OR ENTITY)

MAILING ADDRESS

CITY **STATE** **ZIP**

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Transfer on Death (TOD) Beneficiary

4 TERTIARY BENEFICIARY(IES)

If all primary & secondary beneficiaries predecease

Designate one or more beneficiaries by name; percentages for this section must total 100%. Unless noted, distributions are assumed equal. For lineal descendants or per stirpes designations, print it next to the name (consult your estate planning attorney before indicating this option).

FIRST NAME, MIDDLE INITIAL, LAST (OR ENTITY)

MAILING ADDRESS

CITY | **STATE** | **ZIP**

SOCIAL SECURITY OR TAXPAYER ID NUMBER | **PERCENTAGE**

PHONE NUMBER | **EMAIL**

DATE OF BIRTH MM/DD/YYYY | **RELATIONSHIP**

FIRST NAME, MIDDLE INITIAL, LAST (OR ENTITY)

MAILING ADDRESS

CITY | **STATE** | **ZIP**

SOCIAL SECURITY OR TAXPAYER ID NUMBER | **PERCENTAGE**

PHONE NUMBER | **EMAIL**

DATE OF BIRTH MM/DD/YYYY | **RELATIONSHIP**

5 SIGNATURES

I understand that this TOD beneficiary designation shall replace any previous designation(s) I have made for the InjuryPro Management Fund X LLC related offering(s) listed in Section 1 of this form. I acknowledge that this designation is effective upon receipt in good order by the Offering's transfer agent and will remain in effect until I deliver written notice of a change or revocation of beneficiary(ies) to the Offering's transfer agent.

I agree to be bound by the TOD rules which may be amended from time to time.

I, my successors and assigns, do hereby agree to indemnify and hold harmless InjuryPro Capital Inc., their affiliates, and subcontractors, as well as the officers, directors, employees, and agents of these entities from and against any and all liabilities, claims, losses, and expenses (including reasonable attorneys' fees) arising out of or in connection with the transfer agent upon death of the balance in the account(s) referenced in Section 1 to the beneficiary(ies) listed on this form.

OWNER FIRST NAME, MIDDLE INITIAL, LAST

SIGNATURE

ELECTRONIC SIGNATURE

PHONE NUMBER | **EMAIL**

DATE

JOINT OWNER FIRST NAME, MIDDLE INITIAL, LAST

SIGNATURE

ELECTRONIC SIGNATURE

PHONE NUMBER | **EMAIL**

DATE