

Cumberland Presbyterian Investment Loan Program, Inc.

Designation of Beneficiary

(Please type or print)

Account Name(s): \_\_\_\_\_

Account Number: \_\_\_\_\_

**I hereby revoke all designations of beneficiary previously made by me and designate the following person(s) to receive any benefits under the above plan payable upon my death.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Social Security Number: \_\_\_-\_\_\_-\_\_\_

The above beneficiaries living at my death shall share equally in the benefit payable. Their descendants \_\_\_ shall or \_\_\_ shall not share equally through representation (i.e., per stirpes).

The full benefit payable shall be distributed to the first person named in the list above who is living at my death.

Other \_\_\_\_\_

**I reserve the right to change at any time the designations made above by written request to the Board of Stewardship, Foundation, and Benefits of the Cumberland Presbyterian Church, Inc. Any such change shall be effective on the day such written request is received and acknowledged by said Board.**

Date: \_\_\_/\_\_\_/\_\_\_ Signature (full name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Signature (full name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

Witness Signature: \_\_\_\_\_

RECEIVED AND ACKNOWLEDGED: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Board of Stewardship: \_\_\_\_\_