

BENEFICIARY CHANGE FORM



Church Extension Plan
VISION™

Investment Information

Note Number(s)

Investor Number

I/we hereby request that Church Extension Plan change the beneficiary designation on the Promissory Note(s) as indicated above.

1.				%
	Name of Individual/Organization	Social Security Number	Distribution	
			<input type="checkbox"/>	<input type="checkbox"/>
	Relationship	Telephone Number	Date of Birth	Primary Contingent
	Address	City	State	Zip
2.				%
	Name of Individual/Organization	Social Security Number	Distribution	
			<input type="checkbox"/>	<input type="checkbox"/>
	Relationship	Telephone Number	Date of Birth	Primary Contingent
	Address	City	State	Zip
3.				%
	Name of Individual/Organization	Social Security Number	Distribution	
			<input type="checkbox"/>	<input type="checkbox"/>
	Relationship	Telephone Number	Date of Birth	Primary Contingent
	Address	City	State	Zip

Please list any additional beneficiaries on a separate sheet of paper.

Co-Owner Signature

Date

Co-Owner Signature

Date

CHANGE OF OWNERSHIP FORM



Church Extension Plan
VISION™

Investment Information

Note Number

Investor Number

I/we hereby authorize Church Extension Plan to change the ownership of the following Promissory Note as indicated above.

Please Add the Following Co-Owner

Name of new Co-Owner

Social Security Number

Address

City

State

Zip

Telephone Number

Email Address

Date of Birth

I understand there may be tax consequences for this change.

New Co-Owner Signature

Date

Please Remove the Following Co-Owner

Relinquishing Co-Owner Name

Relinquishing Co-Owner Signature

Date

Please check if relinquishing Co-Owner is deceased. Please include copy of death certificate.

Please Leave the Following Co-Owner the Same

Remaining Co-Owner Name

Social Security Number

Remaining Co-Owner Signature

Date

Primary Contact

Please report interest earned under the name and Social Security Number of the following Primary Contact:

Primary Contact Name

Primary Contact Signature

Date