

Beneficiary Change

I/we hereby request that Church Extension Plan change the beneficiary designation on the following Promissory Note(s):

Note Number(s)

Select One:

- Replace current beneficiary(ies) —I/we hereby revoke all prior beneficiary designations.
 Add beneficiary(ies)—the list below supplements (does not replace) the current beneficiary designations.

Beneficiary 1 Primary Contingent

_____ Full Name of Individual/Organization	_____ Relationship	_____ Distribution %	
_____ Social Security/Tax ID	_____ Date of Birth	_____ Phone	
_____ Address	_____ City	_____ State	_____ ZIP

Beneficiary 2 Primary Contingent

_____ Full Name of Individual/Organization	_____ Relationship	_____ Distribution %	
_____ Social Security/Tax ID	_____ Date of Birth	_____ Phone	
_____ Address	_____ City	_____ State	_____ ZIP

Beneficiary 3 Primary Contingent

_____ Full Name of Individual/Organization	_____ Relationship	_____ Distribution %	
_____ Social Security/Tax ID	_____ Date of Birth	_____ Phone	
_____ Address	_____ City	_____ State	_____ ZIP

SIGNATURE(S) *(Please list any additional beneficiaries on a separate sheet of paper.)*

Owner Signature Date

Co-Owner Signature Date

SUBMITTING YOUR FORM

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to investment@cepnet.com or mail/fax the document(s) to the address/fax number below.

