

Beneficiary Change

OWNER(S)

Primary Owner Full Name		Last 4 Digits of Social Security	
Co-Owner Full Name		Last 4 Digits of Social Security	
Mailing Address	City	State	ZIP
Daytime Phone	Email		
Investment Note Number(s)			

BENEFICIARY DESIGNATION

I designate that the Primary Beneficiary(ies) listed below is/are the beneficiary(ies) of my Investment Note(s) referenced above. This beneficiary designation overrides any prior designation for the above referenced note number(s).

PRIMARY BENEFICIARY(S) *(Please list any additional beneficiaries on a separate sheet of paper and attach to this form.)*

If more than one beneficiary is named, the total value of my Investment Note(s) will be divided equally between my beneficiaries, unless unique percentages are designated in the "Percentage" spaces listed below. The total percentage designated must equal 100%.

Beneficiary 1 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP
Beneficiary 2 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP
Beneficiary 3 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP
Beneficiary 4 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP

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CONTINGENT BENEFICIARY(S) *(Please list any additional beneficiaries on a separate sheet of paper and attach to this form.)*

If all owners and the Primary Beneficiary(ies) named are deceased, the Contingent Beneficiary(ies) listed below is/are the beneficiary(ies) of my aforementioned Investment Note(s). If more than one beneficiary is named, the total value of my Investment Note(s) will be divided equally between my contingent beneficiaries, unless unique percentages are designated in the "Percentage" spaces listed below. The total percentage designated must equal 100%.

Beneficiary 1 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP

Beneficiary 2 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP

Beneficiary 3 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP

Beneficiary 4 Full Name	Social Security Number	Date of Birth	
Daytime Phone	Relationship	Percentage	
Mailing Address	City	State	ZIP

SIGNATURE(S)

Owner Signature _____ Date _____

Co-Owner Signature _____ Date _____

SUBMITTING YOUR FORM

To submit your completed form, send a scanned PDF (or similar format) to investment@cepnet.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.