



# Stewardship. Simplified.

Church Growth Investment Fund

Account #

Investment #

For Office Use Only

## BENEFICIARY (POD) FORM

### Owner Information

Account Name SSN

Address

City State Zip

Home  Cell

Home Phone Cell Phone Preferred Phone

Single  Married  Widow

Email Birth Date Marital Status

### “Payable On Death” Designation (Beneficiaries)

I designate that upon my/our death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminated completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries remain and no contingent beneficiaries are named, my estate will be my beneficiary. (The total percentage designated must equal 100%).

#### Beneficiary #1

Beneficiary Name Date of Birth SSN

Address

City State Zip

%

Relationship Share

#### Beneficiary #2

Beneficiary Name Date of Birth SSN

Address

City State Zip

%

Relationship Share

P.O. Box 23069 Jacksonville, FL 32241-3069 | 904-345-3221 | [www.cgif.co](http://www.cgif.co)





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## “Payable On Death” Contingent Designation (Contingent Beneficiaries)

In the event that all beneficiaries have predeceased me, the balance in the account will be payable to these contingent beneficiaries. (The total percentage designated must equal 100%).

### Contingent Beneficiary #1

|                  |               |     |
|------------------|---------------|-----|
| Beneficiary Name | Date of Birth | SSN |
| Address          |               |     |
| City             | State         | Zip |
| Relationship     | Share         | %   |

### Contingent Beneficiary #2

|                  |               |     |
|------------------|---------------|-----|
| Beneficiary Name | Date of Birth | SSN |
| Address          |               |     |
| City             | State         | Zip |
| Relationship     | Share         | %   |

## Acknowledgement and Authorization

The beneficiary designation listed above voids all previous payable on death beneficiary designations. Any individual previously listed as a beneficiary that is no longer listed is considered to be removed as a beneficiary.

Owner

Co-Owner (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date

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