

CEPS Assignment of Beneficiary

Client's name: _____ Date: _____
Social Security number: _____ Birthdate (mm/dd/yyyy): _____
Address: _____
City, State, ZIP Code: _____
Phone number: _____ Email address: _____

CHOOSE BELOW:

1. I hereby designate the person(s) named below as beneficiary(ies) of the remaining amount in my account with Community Engaged Payee Support (CEPS), revoking any previous beneficiary designation.

Primary Beneficiary Designation

Full name: _____
(Last, First, Middle Initial)

Relationship: _____

Date of birth: _____

Address _____
(Street, City, State, Zip)

Phone #: _____

Contingent Beneficiary Designation

Full name: _____
(Last, First, Middle Initial)

Relationship: _____

Date of birth: _____

Address: _____
(Street, City, State, Zip)

Phone #: _____

2. Rather than designating individuals as the beneficiary(ies) of the remaining amount in my account with Community Engaged Payee Support (CEPS), I hereby designate the following organization to receive the remaining amount in my account upon my demise:

Non-Profit and/or Other Entity or Organization Beneficiary Designation

Entity/Organization Name: _____ Website: _____

Address: _____ Phone #: _____
(Street, City, State, Zip)

I chose not to designate a beneficiary Initial _____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

BY FAILING TO DESIGNATE ANY BENEFICIARY ABOVE, BY SIGNING BELOW, I ACKNOWLEDGE, CONSENT TO AND ALLOW CEPS TO DISTRIBUTE THE REMAINING BALANCE OF MY ACCOUNT UPON MY DEMISE TO A NON-PROFIT OF CEPS CHOICE. I LIKewise AGREE THAT MY ESTATE AND I RELEASE CEPS OF ANY AND ALL LIABILITY WHATSOEVER IN ANY WAY ARISING FROM ITS DISTRIBUTION OF SUCH FUNDS AS A RESULT OF MY FAILURE TO DESIGNATE ANY BENEFICIARY TO RECEIVE SUCH FUNDS AND AGREE TO DEFEND, INDEMNIFY AND HOLD CEPS (INCLUDING ITS AGENTS, OFFICERS, DIRECTORS, EMPLOYEES, OWNERS, SUCCESSORS AND ASSIGNS) HARMLESS FROM ANY AND ALL THIRD PARTY CLAIMS, ACTIONS, LAWSUITS, JUDGMENTS AND/OR DAMAGES OR LIABILITY RELATING THERETO.

General Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event the proceeds may be paid to a duly appointed guardian of the child's estate. You may wish to consult with an attorney when drafting your beneficiary designation.

Life Status Changes It is recommended that you review your beneficiary designation when various life status events occur, such as marriage, divorce, or birth of a child.

No Beneficiary Please note that if you do not elect a beneficiary, any remaining balance in your account with CEPS will be donated to a non-profit of CEPS choice and you acknowledge, agree and consent to such distribution as set forth above.

AGAIN, BY SIGNING BELOW, YOU AGREE THAT YOUR FAILURE TO DESIGNATE A BENEFICIARY TO RECEIVE REMAINING FUNDS IN YOUR ACCOUNT UPON YOUR DEMISE SHALL EXPRESSLY GRANT CEPS THE AUTHORITY TO DISTRIBUTE SUCH FUNDS TO A NON-PROFIT ENTITY OF ITS CHOICE AND YOU EXPRESSLY WAIVE ANY AND ALL CLAIMS WHATSOEVER AGAINST CEPS AND ITS AGENTS, OFFICERS, DIRECTORS, OWNERS, EMPLOYEES, SUCCESSORS AND ASSIGNS FOR SUCH CONDUCT AS WELL AS AGREE TO INDEMNIFY, DEFEND AND HOLD CEPS HARMLESS FROM ANY CLAIMS AND/OR LIABILITY ARISING THEREFROM.

Client Signature: _____ Date: _____

If signed with an x: Witness Name: _____ Witness Signature: _____