

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 ITEM ONE or TWO 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: _____
(First, Middle Initial, Last)

Relationship: _____

Date of birth(mm/dd/yyyy): _____

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

Phone #: _____

Split Equally OR **Contingent**

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

Relationship: _____

Date of birth(mm/dd/yyyy): _____

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

Phone #: _____

2. Rather than designating an individual(s) as the beneficiary(ies) of the remaining amount in my account with Community Engaged Payee Support (CEPS), I hereby choose to have these funds distributed to a nonprofit organization.

I choose not to designate a beneficiary Initial _____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

BY FAILING TO DESIGNATE ANY BENEFICIARY ABOVE, BY SIGNING BELOW, YOU ACKNOWLEDGE, CONSENT TO AND ALLOW CEPS TO DISTRIBUTE THE REMAINING BALANCE OF YOUR ACCOUNT UPON YOUR DEMISE TO A NON-PROFIT OF CEPS CHOICE. YOU LIKEWISE AGREE THAT YOUR ESTATE AND YOU RELEASE CEPS OF ANY AND ALL LIABILITY WHATSOEVER IN ANY WAY ARISING FROM ITS DISTRIBUTION OF SUCH FUNDS AS A RESULT OF YOUR 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. By failing to designate any beneficiary above, you acknowledge and consent to allow CEPS to make multiple reasonable attempts to locate any potential beneficiaries within 12 months of your demise. Reasonable attempts include contacting the last known addresses and phone numbers of the designated beneficiaries. If no valid claim is made by a designated beneficiary within this 12-month period, CEPS will distribute the remaining funds to a nonprofit organization of its choice, avoiding escheatment to the state, in compliance with state laws regarding unclaimed property. This document shall be governed by and construed in accordance with the laws of the State of California.

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, death, or birth of a child.

Transfer at Death Clause By failing to designate any beneficiary above, you acknowledge and consent to allow CEPS to make multiple reasonable attempts to locate any potential beneficiaries within 12 months of your demise. Reasonable attempts include contacting the last known addresses and phone numbers of the designated beneficiaries. If no valid claim is made by a designated beneficiary within this 12-month period, CEPS will distribute the remaining funds to a nonprofit organization of its choice, avoiding escheatment to the state, in compliance with state laws regarding unclaimed property.

Tax Implications Please consult with a tax advisor regarding potential tax implications associated with your beneficiary designation choices. CEPS is not responsible for any taxes that may arise from the distribution of funds.

Legal Capacity By signing this form, you affirm that you are of legal age and sound mind to make this beneficiary designation.

Review and Revocation This designation may be reviewed and changed at any time by submitting a new form to CEPS. The most recently dated and signed form on file will supersede all previous designations.

Dispute Resolution In the event of any dispute or challenge to the distribution of funds, the matter will be resolved through binding arbitration under the rules of the American Arbitration Association.

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: _____
(Neutral third party)