

# Beneficiary Designation Form for Individual Investors

## For owners of TERM INVESTMENTS or DEMAND INVESTMENTS

### INSTRUCTIONS

The owner or joint owners of a TERM INVESTMENT or DEMAND INVESTMENT issued by the Mission Investment Fund of the ELCA may designate one or more beneficiaries to receive the Mission Investment on the death of the owner, or if joint owners, on the death of the last surviving owner. Beneficiary designation is available for individual and joint accounts; it is not available for custodial accounts. This form may not be used for IRA accounts, since the IRA account documents separately provide for beneficiary designation. See reverse for additional information. **ELCA congregations, synods and ELCA-affiliated organizations should not complete this form.**

### BENEFICIARY DESIGNATION:

- New TERM INVESTMENT, TERM INVESTMENT GRAND or DEMAND INVESTMENT (include completed Purchase Application)
- Change of Beneficiary Designation for account # \_\_\_\_\_. The beneficiary(ies) named below will replace all prior beneficiary(ies) named for this Investment.

NAME(S) OF OWNER(S)

SOCIAL SECURITY #

STREET ADDRESS

CITY, STATE, ZIP

#### DESIGNATION OF BENEFICIARY (See additional information on the reverse of this form.)

At the time of my death, the primary beneficiaries named below will receive this investment. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive this investment. If a beneficiary dies before me, that beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries which share the deceased beneficiary's classification as primary or a contingent beneficiary. If all of the primary and all of the contingent beneficiaries die before me, this investment will be paid to my estate. If no percentages are assigned to beneficiaries in either the primary or contingent class, the beneficiaries in that class will share equally. If the total percentages for beneficiaries in either class do not equal 100% any remaining percentage will be divided equally among the beneficiaries in that class. **This beneficiary designation revokes and supercedes all previous beneficiary designations which applied to this investment.**

%	NAME OF BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
	STREET ADDRESS	CITY, STATE, ZIP		
%	NAME OF BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
	STREET ADDRESS	CITY, STATE, ZIP		
%	NAME OF BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
	STREET ADDRESS	CITY, STATE, ZIP		

#### NAMES OF CONTINGENT BENEFICIARIES:

The undersigned hereby designates the following contingent beneficiaries for the above TERM INVESTMENT or DEMAND INVESTMENT. If the beneficiary is an organization, provide only name, address and percentage. To designate additional beneficiaries, attach a list with the information required below and include your signature.

%	NAME OF BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
	STREET ADDRESS	CITY, STATE, ZIP		
%	NAME OF BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
	STREET ADDRESS	CITY, STATE, ZIP		
%	NAME OF BENEFICIARY	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP
	STREET ADDRESS	CITY, STATE, ZIP		

*Total percentage must equal 100%*

### AGREEMENT OF SPOUSE

*(Complete if the investor or spouse resides in one of these community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.)*

I am the spouse of the owner of the above TERM INVESTMENT or DEMAND INVESTMENT. I give and release to my spouse any interest I may have in that investment. I agree and consent to my spouse's naming beneficiary(ies) for that TERM INVESTMENT or DEMAND INVESTMENT other than myself. In the event of the death of my spouse, I understand and agree that I will have no claim against the Mission Investment Fund to the extent that payment of that TERM INVESTMENT or DEMAND INVESTMENT is made to any designated beneficiaries other than myself.

SPOUSE'S SIGNATURE

DATE

SPOUSE OF

### CERTIFICATION

I/we confirm that we have read the above instructions and request that the Mission Investment Fund of the ELCA register the TERM INVESTMENT or DEMAND INVESTMENT in beneficiary form in accordance with the foregoing list of beneficiaries. I/we have the right to cancel or change these beneficiary designations at any time by signed written instructions to MIF. This form, these beneficiary designations and the procedures followed regarding the beneficiary designations are binding on my/our heirs, estates, and legal representatives, and shall be governed and construed by the Uniform Transfer-on-Death (TOD) Security Registration Act of Illinois.

OWNER'S SIGNATURE

DATE

OWNER'S SIGNATURE

DATE

## **Additional Information**

**Beneficiaries may include** individuals, organizations or trusts. Beneficiary organizations may include the Mission Investment Fund Endowment, other ministries of the ELCA, congregations or other organizations. Please contact MIF with any questions regarding the selection of beneficiaries.

**Trusts:** For investments held by trusts, MIF requires a copy of the first page of the trust, the page that lists the successor trustees, and the last page of the document.

**If joint owners:** All joint owners must sign the beneficiary designation form. **Spouse's consent:** If the owner's spouse is not a joint owner, the spouse must sign the Agreement of Spouse on the beneficiary designation form.

**Canceling or changing beneficiary designations:** The owner, or all joint owners, may cancel or change the beneficiary designation at any time by signed written instructions to MIF.

**Registration:** The beneficiary designation form will be made part of the owner's account file with MIF and will serve to register the Mission Investment Fund in beneficiary form. The beneficiary designation form and MIF's beneficiary designation procedures are governed and construed under the Uniform Transfer-on-Death (TOD) Security Registration Act of Illinois.