



BENEFICIARY DESIGNATION FORM

Account # _____

Investment # _____

BENEFICIARIES (The total percentage designated must equal 100%.) Beneficiary designations are not available for Certificates purchased by IRAs or other retirement accounts. Please mail this form to the address below or email to fs@cogbf.org.

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Name _____

Address _____

City/State/ZIP _____

Date of Birth _____

Relationship _____

Tax ID (SSN/TIN) _____ Percent Designated _____

Signature Required of Account Owner: