



COGBF Financial Solutions Renewal

SECTION I: CERTIFICATE INFORMATION

Name of Account	Certificate Number
Mailing Address	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell
City, State & Zip	Email Address <input type="checkbox"/> Work

SECTION II: RENEW, TRANSFER OR

- RENEW THE CERTIFICATE FOR AN IDENTICAL TERM.**
- TRANSFER TO A NEW CERTIFICATE.** Select a Certificate and indicate the amount to invest.

- | | |
|---|--|
| <input type="checkbox"/> DEMAND | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 6-MONTH TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 18-MONTH TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 1-YEAR TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 2-YEAR TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 3-YEAR TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 4-YEAR TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> 5-YEAR TERM | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> ADVANTAGE CERTIFICATE | <input type="checkbox"/> ALL or <input type="checkbox"/> \$ _____ |
- PARTIAL REDEMPTION.** Amount \$ _____ (A Check will be mailed to you)
- REDEEM ENTIRE CERTIFICATE.** (A check will be mailed to you)
- SPECIAL INSTRUCTIONS**

SECTION III: SIGNATURES

Primary Applicant's Signature	Date	Joint Signature (if necessary,	Date
Print Name	Print Name	Print Name	Print Name

PLEASE NOTE: ANY NEW CERTIFICATE WILL HAVE THE SAME OWNERSHIP AND PAY ON DEATH ARRANGEMENTS AS PREVIOUSLY STATED UNLESS SPECIFICALLY DOCUMENTED OTHERWISE.