



Methodists Helping Methodists

F O U N D A T I O N

Beneficiary Designation Instructions

Pay on Death (POD)

Investment Account Number(s): _____

Investor Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Email _____

BENEFICIARY DESIGNATION: (This could be a person, church, or charity)

Name of Beneficiary: _____

Beneficiary Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Email _____

Beneficiary Email: _____

Social Security Number or Tax ID (if available): _____

Beneficiary Date of Birth: _____ Percentage to above-named Beneficiary _____%

BENEFICIARY DESIGNATION: (This could be a person, church, or charity)

Name of Beneficiary: _____

Beneficiary Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Email _____

Beneficiary Email: _____

Social Security Number or Tax ID (if available): _____

Beneficiary Date of Birth: _____ Percentage to above-named Beneficiary _____%

For additional beneficiaries, attach a second form.

Signature: _____

Print Name: _____

Date signed: _____

Send to: 7350 E Progress Pl, Ste 205, Greenwood Village CO 80111
info@MHMFN.org Fax: 303-777-6292