

Christian Financial Resources, Inc. T.O.D (Transfer on Death) Designation Form

1. OWNER INFORMATION

INVESTMENT ACCOUNT NUMBER: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

2. CO-OWNER INFORMATION (IF APPLICABLE)

NAME: _____

SOCIAL SECURITY NUMBER: _____

3. T.O.D RECIPIENT(S)

PRIMARY

NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ %: _____

PRIMARY SECONDARY

NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ %: _____

PRIMARY SECONDARY

NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ %: _____

PRIMARY SECONDARY

NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ %: _____

5. ACKNOWLEDGEMENT

PRINT NAME (OWNER): _____ SIGNATURE: _____

PRINT NAME (CO-OWNER): _____ SIGNATURE: _____

Print, Sign & Mail This T.O.D Designation form to:
CHRISTIAN FINANCIAL RESOURCES, INC.
PO Box 951719
LAKE MARY, FL 32795

**CHRISTIAN FINANCIAL
RESOURCES, INC.**

773 Stirling Center Place
Lake Mary, FL 32796

Mailing:
P.O. Box 951719
Lake Mary, FL 32795
www.cfrministry.org
800.881.3863

