

# Beneficiary Information Form

Account Type (Check One): Trust  Endowment Charitable Gift Annuity(CGA)

Full Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If applicable, please provide any additional instructions below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_