



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

# MDC Beneficiary Designation

Please Print

Name(s) of Owner (s) \_\_\_\_\_

Request Applies to: (check all that apply)

- New investment
- Existing investment(s) listed below

# \_\_\_\_\_; # \_\_\_\_\_; # \_\_\_\_\_; # \_\_\_\_\_;

**It is very important to clearly indicate your beneficiaries. If multiple beneficiaries are named and no percentage of distribution is noted, then any proceeds payable to such beneficiaries will be split equally.**

I wish to designate the Mission Development Certificate Program as beneficiary. Percentage \_\_\_\_\_%

Name \_\_\_\_\_ DOB \_\_\_\_\_ Percentage \_\_\_\_\_ %  
 Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Percentage \_\_\_\_\_ %  
 Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Percentage \_\_\_\_\_ %  
 Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Percentage \_\_\_\_\_ %  
 Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

Organization \_\_\_\_\_ Tax ID \_\_\_\_\_ Percentage \_\_\_\_\_ %  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**The Total Percentage Must Equal 100%**

I, being the owner of the MDC investment(s), acknowledge and hereby request MDC to carry out my wishes as directed above. I understand that I may change or revoke this beneficiary designation at any time. I also understand and agree that this form and the Payable on Death (POD) designation to be stated on the listed investment(s) are binding upon my heirs, beneficiaries, and legal representatives at my death.

Owner \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Date \_\_\_\_\_