



BENEFICIARY DESIGNATION FORM FOR INDIVIDUAL INVESTORS

BENEFICIARY DESIGNATION:

_____ New Investment Certificate or Demand Investment (include completed Purchase Application and Agreement)

_____ Change of Beneficiary Designation for member # _____. The beneficiary(ies) named below will replace all prior beneficiary(ies) name for this Investment.

Name(s) of Owner(s)

Social Security #

Street Address

City, State, Zip

DESIGNATION OF BENEFICIARY (See additional information of the reverse of this form.)

At the time of my death, the primary beneficiaries named below will receive this investment. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive this investment. If a beneficiary dies before me, that beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries which share in the deceased beneficiary's classification as primary or a contingent beneficiary. If all of the primary and all of the contingent beneficiaries die before me, this investment will be paid to my estate. If no percentages are assigned to beneficiaries in either the primary or contingent class, the beneficiaries in that class will share equally. If the total percentages for beneficiaries in either class do equal 100% any remaining percentage will be divided equally among the beneficiaries in that class. **This beneficiary designations revokes and supercedes all previous beneficiary designations which applied to this investment.**

_____% _____
Name of Beneficiary Date of Birth Social Security # Relationship

Street Address City, State, Zip

_____% _____
Name of Beneficiary Date of Birth Social Security # Relationship

Street Address City, State, Zip

_____% _____
Name of Beneficiary Date of Birth Social Security # Relationship

Street Address City, State, Zip

_____% _____
Name of Beneficiary Date of Birth Social Security # Relationship

Street Address City, State, Zip

To designate additional or contingent beneficiaries, attach a list with the information required above and include your signature.

By signing this document:

I (we) confirm that we have read the above instructions and request that Missionary Church Investment Foundation, Inc. register the Investment Certificate in beneficiary for in accordance with the foregoing list of beneficiaries. I (we) have the right to cancel or change these beneficiary designations at any time by signed written instructions to Missionary Church Investment Foundation, Inc.

Member Signature

Date

Joint Member Signature

Date

Additional Information

Beneficiaries may include individuals, organizations or trusts. Beneficiary organizations may include Missionary Church Investment Foundation, Inc., other ministries of the Missionary Church or churches. Please contact MCIF with any questions regarding the selection of beneficiaries.

Trusts: For investments held by trusts, MCIF requires a copy of the first page of the trust, the page that lists the successor trustees, and the last page of the document.

If joint owners: All joint owners must sign the beneficiary designation form.

Cancelling or changing beneficiary designations: The owner, or all joint owners, may cancel or change the beneficiary designation at any time by signed written instructions to MCIF.

Registration: The beneficiary designation form will be made part of the owner's account file with MCIF and will serve to register the Missionary Church Investment Foundation, Inc. beneficiary form.