



MOUNTAIN SKY
UNITED METHODIST
FOUNDATION

*Endowments
Investing
Gift Planning
Loans*

Beneficiary Designation

Pay on Death (POD)

Investment Account #(s): _____

Investor Name: _____

Investor Phone: _____

Investor Email: _____

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

Name of Beneficiary: _____

Address of Beneficiary: _____

City: _____ State: _____ Zip Code: _____

Beneficiary Phone Number(s): _____

Beneficiary Email: _____

Beneficiary Social Security Number (if available): _____

Beneficiary Date of Birth: _____

Percentage to above-named Beneficiary _____%

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

Name of Beneficiary: _____

Address of Beneficiary: _____

City: _____ State: _____ Zip Code: _____

Beneficiary Phone Number(s): _____

Beneficiary Email: _____

Beneficiary Social Security Number (if available): _____

Beneficiary Date of Birth: _____

Percentage to above-named Beneficiary _____%

For more than two beneficiaries, attach a second form.

Signature of Investor

Date

Printed Name

Return completed form to the Foundation at the address below for record retention.

Questions: Info@MountainSkyUMF.org or 303-778-6370.

Internal Use Only: DDI Scan

Tithe Your Will