

# TRANSFER ON DEATH

## Designation of Beneficiary Form



### Member Information (print legibly)

Name \_\_\_\_\_

Member or Capital Credits Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

To be effective, this Designation of Beneficiary Form must be received and accepted by Butler Rural Electric Cooperative prior to the member's death. Keep a copy of this form for your records. Send the original signed and notarized form to **3888 Stillwell Beckett Road, Oxford, OH 45056**.

The member listed above designates the following as the beneficiary(ies) of their capital credits account with Butler Rural Electric Cooperative to be transferred upon their death to:

### Designated Beneficiaries\*

One primary beneficiary should be listed. The secondary beneficiary will only receive capital credits if the primary beneficiary is deceased. If both the primary and secondary beneficiaries are deceased, the capital credits will pass through the member's estate.

*\*A power of attorney cannot name themselves as a beneficiary. If completed by a power of attorney, include a copy of the document granting authority to act on behalf of the member.*

### Primary Beneficiary

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

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Secondary Beneficiary

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

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**This document must be signed and notarized. See next page for SIGNATURE AND  
ACKNOWLEDGMENT**

Required Signature

*Butler Rural Electric Cooperative is authorized to transfer my capital credits account with the cooperative upon my death in accordance with the policies of the cooperative to the primary beneficiary named herein or to the secondary beneficiary should the primary predecease me. This designation supersedes all prior designations and remains in effect until amended or revoked by me via written instructions to do so.*

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Member Signature

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Date

Last 4 Digits of Social Security # \_\_\_\_\_

**ACKNOWLEDGEMENT**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on the \_\_\_\_\_ day of \_\_\_\_\_,  
(Day) (Month)  
personally appeared \_\_\_\_\_, known to me to be the  
(Year) (Name)  
person whose name is subscribed to the foregoing instrument, and acknowledged to  
me they did sign the foregoing instrument, the signing being a free act and deed  
and for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Notary Public  
State of \_\_\_\_\_  
Commission expiration date \_\_\_\_\_

(Seal)