COLORADO VALLEY TELEPHONE COOPERATIVE

4915 S US Highway 77, P.O. Box 130 • La Grange, TX 78945
979.242.5911 | 800.242.5911 | info@coloradovalley.com
cvctx.com

PAYABLE ON DEATH
DESIGNATION OF BENEFICIARY FORM

MEMBER INFORMATION (please print legibly)

Membership Number: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

I, _____, designate the following as the beneficiary(ies) of my Capital Credits at Colorado Valley Telephone Cooperative, Inc. to be paid upon my death:

Designated Beneficiaries:

Please designate at least one beneficiary to receive your Capital Credits. If you would like your Capital Credits to be split evenly amongst multiple individuals, please list all individuals as "Primary Beneficiaries." Please note, if you list multiple beneficiaries as the primary beneficiary, and one of the individuals listed should predecease you, the share that would otherwise be distributed to that beneficiary shall instead be divided equally among the remaining beneficiaries.

You may also designate a secondary beneficiary, should all of the primary beneficiaries predecease you. Please note, failure to designate any beneficiaries will result in your Capital Credits being distributed to your estate.

Primary Beneficiary(ies)

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Secondary Beneficiary(ies)

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Name: _____

Phone: _____ Relationship: _____ Date of Birth: _____

Required Signature

By signing below, I hereby authorize Colorado Valley Telephone Cooperative, Inc. to pay my Capital Credits to the primary beneficiary(ies) named herein or to the secondary beneficiary(ies) should the primary predecease me. This designation remains in effect until amended or revoked by me via written instructions to do so.

Member Signature _____

Date _____

OFFICE USE ONLY:

Employee who received paperwork: _____ Date: _____