Payable on Death - Designation of Beneficiary

Illinois Uniform TOD Security Registration Act 815 ILCS 10/0.01 et. seq.

Member Information: *(Please print legibly)*			
Member Number			
Name		**Phone Number**	
Name ***(if shared membership)***		**Phone Number**	
Address			
City, State, Zip		**Email**	

I, _____ / _____ of
(Member Name) *(Joint Member Name, if shared membership)*

_____, _____ pursuant to the terms of
(Address) *(City, State, Zip)*

the Illinois Uniform TOD Security Registration Act, designate the following as the beneficiary of my/our capital credit account with Coles-Moultrie Electric Cooperative (CMEC) to be paid upon my death, or the death of both joint members, to:

Primary Designated Beneficiary: *(If surviving joint member wishes to name additional primary designated beneficiaries, please us the back side of this form)*			
Name			
Address			
City, State, Zip		**Email**	
Phone Number		**Date of Birth**	
Relationship		**% Share**	

Contingent Designated Beneficiary: *(For additional contingent beneficiaries, please use the back side of this form)*			
Name			
Address			
City, State, Zip		**Email**	
Phone Number		**Date of Birth**	
Relationship		**% Share**	

CMEC is authorized to register ownership of my capital credit account with CMEC in my name and pay on death to the primary beneficiary named above (and those listed on the back of this form, if any), or to the contingent beneficiary should the primary predecease me. This designationremains in effect until amended or revoked by member, or both joint members (if joint membership), in writing.

Member Signature _____ Date _____

Member Signature _____ Date _____

Send completed form to: Coles-Moultrie Electric Cooperative, PO Box 709, Mattoon, IL 61938

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Primary Designated Beneficiary:			
Name			
Address			
City, State, Zip		Email	
Phone Number		Date of Birth	
Relationship		% Share	

Primary Designated Beneficiary:			
Name			
Address			
City, State, Zip		Email	
Phone Number		Date of Birth	
Relationship		% Share	

Contingent Designated Beneficiary:			
Name			
Address			
City, State, Zip		Email	
Phone Number		Date of Birth	
Relationship		% Share	

Contingent Designated Beneficiary:			
Name			
Address			
City, State, Zip		Email	
Phone Number		Date of Birth	
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