



**TRANSFER ON DEATH REGISTRATION AND BENEFICIARY DESIGNATION FORM**

**1. Registration**

I, \_\_\_\_\_, register in “transfer on death” form Promissory Note G \_\_\_\_\_ issued to me by The Genesis Fund, dba Genesis Community Loan Fund. This registration allows me to retain all normal rights of ownership of the Note during my lifetime, while designating the beneficiary/ies named below to automatically become the owner of the Note upon my death. If the designated beneficiary/ies is/are not living at the time of my death, the Note shall become part of my estate.

Signed on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.  
Date Town State

Signature: \_\_\_\_\_

Print Name of Investor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_



This beneficiary designation is governed by Title 18-C, Article 6, Part 3 of the Maine Revised Statutes and is subject to guidelines of the Securities Transfer Association. Investor may name multiple Beneficiaries; ownership percentages must total 100%.

<b>Name of Beneficiary 1</b>	_____
<b>Mailing Address</b>	_____
<b>Town/State/Zip Code</b>	_____
<b>Phone</b>	_____
<b>Social Security/Tax ID#</b>	_____
<b>Percentage Ownership Designated</b>	_____

<b>Name of Beneficiary 2</b>	_____
<b>Mailing Address</b>	_____
<b>Town/State/Zip Code</b>	_____
<b>Phone</b>	_____
<b>Social Security/Tax ID#</b>	_____
<b>Percentage Ownership Designated</b>	_____

<b>Name of Beneficiary 3</b>	_____
<b>Mailing Address</b>	_____
<b>Town/State/Zip Code</b>	_____
<b>Phone</b>	_____
<b>Social Security/Tax ID#</b>	_____
<b>Percentage Ownership Designated</b>	_____

<b>Name of Beneficiary 4</b>	_____
<b>Mailing Address</b>	_____
<b>Town/State/Zip Code</b>	_____
<b>Phone</b>	_____
<b>Social Security/Tax ID#</b>	_____
<b>Percentage Ownership Designated</b>	_____

<b>Name of Beneficiary 5</b>	_____
<b>Mailing Address</b>	_____
<b>Town/State/Zip Code</b>	_____
<b>Phone</b>	_____
<b>Social Security/Tax ID#</b>	_____
<b>Percentage Ownership Designated</b>	_____

<b>Name of Beneficiary 6</b>	_____
<b>Mailing Address</b>	_____
<b>Town/State/Zip Code</b>	_____
<b>Phone</b>	_____
<b>Social Security/Tax ID#</b>	_____
<b>Percentage Ownership Designated</b>	_____