



CHANGE OF BENEFICIARY ADVOCATE AND SUCCESSOR ADVOCATE FORM

Trust Beneficiary Full Name: _____

Trust Beneficiary Address: _____

I, _____, am the Trust Beneficiary or Current Beneficiary Advocate. I understand that this change of Beneficiary Advocate is not effective until accepted by the non-profit/ charity and trustee. The new appointed Beneficiary advocate shall not have any history of a criminal or felony convictions.

I hereby appoint the person named below as the new Beneficiary Advocate for the above named Trust Beneficiary.

Full Name: _____

Full Address: _____

Relationship to Beneficiary: _____ Email: _____

Phone: _____ Alternate Phone: _____

I hereby appoint/nominate the individual below as Successor Beneficiary Advocate for the above named Trust Beneficiary in the event that I, _____ (Current Beneficiary Advocate) am no longer able to fulfill my duties as advocate in the event of my disability or passing.

Full Name: _____ Successor Advocate Signature: _____

Full Address: _____

Relationship to Beneficiary: _____ Email: _____

Phone: _____ Alternate Phone: _____

I wish the Non-Profit/Charity to appoint a Beneficiary Advocate for the above named Trust Beneficiary.

Trust Beneficiary/Advocate Full Name: _____

Trust Beneficiary/Advocate Signature: _____

Date: _____

NON-PROFIT/CHARITY USE ONLY:

The non-profit/charity hereby accepts this change of Beneficiary Advocate.

Sign: _____ Date: _____

Print: _____ Title: _____