



Beneficiary Claim Form

This form must be completed by the deceased investor's beneficiary and an authorized agent of COGBF Financial Solutions Extension Fund and returned to the National Office, along with a copy of the deceased investor's certified death certificate before the funds can be paid. All questions on this claim should be answered.

Please print clearly:

1. Name of Deceased _____
2. Date of Birth ____ / ____ / ____ M ____ or F ____
3. Age at death _____
4. Was deceased a member of the Church of God by Faith, Inc.? Yes ____ No ____
If YES, give location of the church _____
5. Name of Beneficiary _____
Address _____
City _____ State _____ Zip _____
Relation to Deceased _____

_____ copy of driver's license required.

Beneficiary's Signature

Payment instructions:

- If qualified as an investor and you would like to open an account, or have funds transferred into your existing FS account, funds can be placed in an investment.
- Check- mailed.
- ACH- banking information will need to be filled out via the EFT form for a date provided.
- Wire Transfer- wire instructions will need to be provided via your bank and processing fees paid in advance.
- All costs will be carried by the recipient unless a check is issued.