

# Change of Ownership

## Primary Owner

Current Owner Full Name

Last 4 Digits of Social Security

Investment Note Number(s)

I hereby authorize GenFi Ministries to change the ownership of the Promissory Note(s) listed above as directed on this Change of Ownership form.

Current Owner Signature

Date

## Change Request

Please select all that apply, then continue to the section pertaining to your request.

1. Add New Primary Owner

3. Add New Co-Owner

5. Change To My Trust

2. Remove Primary Owner

4. Remove Co-Owner

6. Remove My Trust

### 1. Add New Primary Owner

#### Choose One:

Transactions may be made with one signature.

Transactions will require both signatures.

Name of New Primary Owner

Social Security Number

Date of Birth

Gender

Daytime Phone

Email

Mailing Address

City

State

ZIP

I have read and understand the terms and conditions of the GenFi Ministries investment notes. I understand there may be tax consequences for this change.

New Owner Signature

Date

### 2. Remove Primary Owner

Relinquishing Primary Owner Printed Name

Relinquishing Primary Owner Signature

Date

Check if co-owner is deceased and provide a certified copy of the original death certificate.

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# Change of Ownership

## 3. Add New Co-Owner

**Choose One:**

- Transactions may be made with one signature.
- Transactions will require both signatures.

Name of New Co-Owner Social Security Number Date of Birth

Gender Daytime Phone Email

Mailing Address City State ZIP

- I have read and understand the terms and conditions of the GenFi Ministries investment notes.

New Co-Owner Signature Date

## 4. Remove Co-Owner

Relinquishing Co-Owner Printed Name

Relinquishing Co-Owner Signature Date

- Check if co-owner is deceased and provide a certified copy of the original death certificate.

## 5. Change To My Trust

Include a copy of the Certification of Trust or a copy of the following 3 pages from your Trust document: Trust Cover Page, Successor Trustee Provisions, and Signature Page.

Name of Trust Date of Trust Tax ID Number

Name of Trustee Date of Birth

Gender Daytime Phone Email

Mailing Address City State ZIP

- I have read and understand the terms and conditions of the GenFi Ministries investment notes. I understand there may be tax consequences for this change.

Trustee Signature Date

## 6. Remove My Trust

Name of Trust

Trustee Signature Date

## Submitting Your Form

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to [investment@genfi.com](mailto:investment@genfi.com) or mail the document(s) to the address on the first page.