

REVOCATION OF DESIGNATED BENEFICIARY AGREEMENT

This revocation form must be recorded in the same county as the Designated Beneficiary Agreement form it revokes.

I, _____, residing at _____,
(Full Name) (Street Address, City, State, Zip)

entered into a Designated Beneficiary Agreement on _____, with the following person:
(Date)

_____, whose last known address is:
(Full Name)

(Street Address, City, State, Zip)

in which I designated such person as a Designated Beneficiary. This Designated Beneficiary Agreement was recorded on _____ in the County of _____.
(Date)

The indexing file number of the Designated Beneficiary Agreement is _____.

I hereby revoke that Designated Beneficiary Agreement, effective on the date and time that this revocation is received for recording by the Clerk and Recorder of _____ County.

(Signature)

(Date)

State of Colorado
County of _____

This document was subscribed, sworn to, and acknowledged before me on _____.

[SEAL]

My commission expires: _____.

Signature of Notary Public

APPLICANT: COMPLETE THIS BOX AT TIME OF ACTUAL SUBMITTAL TO COUNTY CLERK. *(Leave box blank if submitting form by mail.)*

This revocation form is effective on the date it is received for recording by the County Clerk and Recorder. This form was received by the County Clerk and Recorder on _____, at _____ o'clock.

FOR OFFICIAL USE ONLY

This Revocation of Beneficiary Agreement was recorded in my office on _____, at _____ o'clock, and, pursuant to section 15-22-111, Colorado Revised Statutes, I mailed a copy of this Revocation of Beneficiary Agreement to _____, at the address contained in this Revocation of Beneficiary Agreement.
Clerk and Recorder of _____ County. By: _____