



## Payable on Death Designation

I/We, \_\_\_\_\_, hereby designate the refundable portion of my life lease, totaling \$ \_\_\_\_\_, to be payable on death to:

Trust Name: _____	Beneficiary Name 1: _____
_____	Relationship to Beneficiary: _____
Attorney: _____	Address: _____
Address: _____	_____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____
Percentage: _____	Percentage: _____

This designation is made in accordance with the terms and conditions of the life lease agreement held with Waterman Communities.

I understand that this designation will take effect upon my/our passing, and I request that the refundable portion of my life lease be disbursed to the designated beneficiary promptly.

Signed: _____	Date: _____
_____	_____
_____	_____

Please ensure that you consult with legal counsel or a financial advisor to ensure that this designation aligns with your specific circumstances and legal requirements.

Received by: _____	Date: _____
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Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_  
Relationship to Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Percentage: \_\_\_\_\_