



Payable on Death Designation

I/We, _____, hereby designate the refundable portion of my life lease,
to be payable on death to:

Trust Name: _____

Beneficiary Name 1: _____

Attorney: _____

Relationship to Beneficiary: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Percentage: _____

Percentage: _____

***Should you desire to allocate a portion of your refundable life lease to the Waterman Communities Foundation, kindly designate it under one of the beneficiary fields and contact Fred Boone (ext 229) or Jeff Bassett (ext 230) for the official documentation.**

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

I/We 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: _____

Waterman Village

LIVING YOUR BEST LIFE™

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: _____