

Gwani Software

Finance Unit

PAYABLE ON DEATH DESIGNATION FORM (SHAREHOLDER)

Gwani Software Shareholder Account

Recent
Passport

Account Owner Information

Name: _____

Address: _____

Account Number: _____

Department

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Engineering, | <input type="checkbox"/> Software, |
| <input type="checkbox"/> Sales, | <input type="checkbox"/> Training |

Beneficiary Designation

I,, designate the following beneficiary(ies) to receive the Gwani Software shareholder account assets upon my death:

Recent
Passport

Primary Beneficiary:

Name: _____

Address: _____

Relationship: _____

Recent
Passport

Secondary Beneficiary (if primary beneficiary predeceases):

Name: _____

Address: _____

Relationship: _____

Terms and Conditions

I understand that this designation revokes all prior beneficiary designations for this account.

I reserve the right to change or revoke this beneficiary designation at any time.

Acknowledgement

By signing below, I acknowledge that I have read and understood the terms and conditions of this **Payable on Death** designation.

Signature: _____

Date: _____