

**REVOCATION OF
DESIGNATED BENEFICIARY AGREEMENT**

I _____ (insert your full name), reside at _____ (insert your current address) and I entered into a designated beneficiary agreement on _____ (insert the date) with the following person _____ (insert the other person's name) whose last known address is _____ in which I designated such person as a designated beneficiary. This designated beneficiary agreement was recorded on _____ (insert the date) in the County of _____. 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.

_____ Date

_____ Name

State of Colorado

County of _____

This document was subscribed, sworn to, and acknowledged before me on _____ (date) by _____.

My commission expires _____

[seal]

Notary Public

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: _____