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## Change of Beneficiary Advocate and Successor Advocate Form

Trust Beneficiary Full Name: \_\_\_\_\_

Trust Beneficiary Address: \_\_\_\_\_

I, \_\_\_\_\_, am the  Trust Beneficiary or  Current Beneficiary Advocate. I understand that this change of Beneficiary Advocate is not effective until accepted by the non-profit/ charity and trustee.

I hereby appoint the person named below as the new Beneficiary Advocate for the above named Trust Beneficiary.

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I hereby appoint/nominate the individual below as Successor Beneficiary Advocate for the above named Trust Beneficiary in the event that I, \_\_\_\_\_ (Current Beneficiary Advocate) am no longer able to fulfill my duties as advocate in the event of my disability or passing.

Full Name: \_\_\_\_\_ Successor Advocate Signature: \_\_\_\_\_

Full Address: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I wish the Non-Profit/Charity to appoint a Beneficiary Advocate for the above named Trust Beneficiary.

Trust Beneficiary/Advocate Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Trust Beneficiary/Advocate Signature: \_\_\_\_\_

### NON-PROFIT/CHARITY USE ONLY:

The non-profit/charity hereby accepts this change of Beneficiary Advocate.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_