



STEPHANIE Y. O'MALLEY  
CLERK & RECORDER  
PUBLIC TRUSTEE

# REVOCATION OF DESIGNATED BENEFICIARY AGREEMENT

*This revocation form must be recorded in the same county as the Designated Beneficiary Agreement form it revokes.*

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
*(Full Name)* *(Street Address, City, State, Zip)*

entered into a Designated Beneficiary Agreement on \_\_\_\_\_, with the following person:  
*(Date)*

\_\_\_\_\_, whose last known address is:  
*(Full Name)*

\_\_\_\_\_  
*(Street Address, City, State, Zip)*

in which I designated such person as a Designated Beneficiary. This Designated Beneficiary Agreement was recorded on \_\_\_\_\_ in the County of \_\_\_\_\_.  
*(Date)*

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.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

State of Colorado  
County of \_\_\_\_\_

This document was subscribed, sworn to, and acknowledged before me on \_\_\_\_\_.

[SEAL]

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

**APPLICANT: COMPLETE THIS BOX AT TIME OF ACTUAL SUBMITTAL TO COUNTY CLERK.** *(Leave box blank if submitting form by mail.)*

This revocation form is effective on the date it is received for recording by the County Clerk and Recorder. This form was received by the County Clerk and Recorder on \_\_\_\_\_, at \_\_\_\_\_ o'clock.

### FOR OFFICIAL USE ONLY

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: \_\_\_\_\_