



Beneficiary Designation Form

I hereby authorize and direct Sophia Snow Independent Living, Inc., to refund any remaining monies of the Construction Fee to be paid to me/us pursuant to the Residences at Snow Place Residency Agreement between me/us and Sophia Snow House Independent Living, Inc. to:

Name (print or type)

In care of:

Name (print or type)

Address (with zip code) and Phone Number (print or type)

Signed:

Resident (both signature and print or type name) Date

Resident (both signature and print or type name) Date

Accepted by Sophia Snow House Independent Living, Inc.:

(both signature and print or type name) Date

