



Beneficiary Designation Form

1. Holder Information		Purchased Medallion # _____	
Name (First, Middle Initial, Last)	CA Driver's License #	Birth Date	Today's Date
Mailing Address (Street, City, State, Zip Code)			Daytime Phone Number
2. Beneficiary Designation for Purchased Transferable Medallion Upon Death of Medallion Holder			
You may name one primary beneficiary and one contingent beneficiary. You may name natural persons, your estate, or trust. If you name a trust, you must attach a copy of the front and signature pages of the trust document. You may change beneficiaries at any time.			
One Legal Person / Legal Entity Per Line Name (First, Middle Initial, Last)	Mailing Address (Street, City, State, Zip)	Phone / Email	Relationship to Holder
1.			
2			
3. Acknowledgment			
Read the applicable paragraphs and place your initials on the lines next to them to indicate that you understand their contents. At the bottom of this section, sign and print your name, and enter the requested information in the applicable spaces provided.			
If you complete this form outside the SFMTA Taxi Services office, you must complete this section in the presence of a notary public.			
I affirm that the information I have provided on this form is complete and true to the best of my knowledge and belief. In addition, I understand the following:			
_____ The beneficiary designations on this form indicate the person, estate, or trust that is authorized to succeed me as the holder of Medallion # _____ (enter number).			
_____ The designations made on this form supersede any prior beneficiary designations I have made.			
_____ Medallion Holder Signature		_____ Date	
_____ SFMTA Staff Signature (If submitted in person)		_____ Date	



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____, Notary Public

(insert name of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)