

Beneficiary Designation Form

The following individual(s) will be listed as beneficiary(ies) designated below. If not designated below,

For each account number, you may designate the percentage of funds on deposit that you would like to have distributed to each beneficiary. Otherwise, all funds on deposit in all accounts under this member number will be divided equally among the beneficiaries herein listed. Document must be signed by all account owners before changes can be processed.

To update the beneficiaries on an IRA Account, please request an IRA Designation of Beneficiary form.

Member Information: (please print)				
Member Name:	Phone Number:	Member Number:		
Joint Owner #1 Name:	Phone Number:			
Joint Owner #2 Name:	Phone Number:			
<input type="checkbox"/> All accounts within my membership or <input type="checkbox"/> List specific accounts				
Primary Beneficiaries:				
1-Beneficiary Name:	SSN (Optional):	DOB:	Relationship:	Share %:
Address:			Phone:	
2-Beneficiary Name:	SSN (Optional):	DOB:	Relationship:	Share %:
Address:			Phone:	
3-Beneficiary Name:	SSN (Optional):	DOB:	Relationship:	Share %:
Address:			Phone:	
4-Beneficiary Name:	SSN (Optional):	DOB:	Relationship:	Share %:
Address:			Phone:	

Primary Member's Signature _____ Joint Owner #1 Signature _____ Joint Owner #2 Signature _____ Date _____

IMPORTANT ~ THIS FORM AND ANY ATTACHMENTS SUPERSEDE ALL PREVIOUS BENEFICIARY DESIGNATIONS FOR THE ABOVE SPECIFIED ACCOUNT(S)

For Credit Union Use Only			
Received Date: _____	Processed By: _____	Completed Date: _____	Member Number: _____

