

Designation / Change of Beneficiary

| Member Information | (Please print or type) | | | | | |
|--|--|---|--|--|--|--|
| Primary Member Name: | Phone Number: | Phone Number: | | Member Number: | | |
| Joint Owner #1 Name: | Phone Number: | Phone Number: | | | | |
| Joint Owner #2 Name | Phone Number: | Phone Number: | | | | |
| Primary Beneficiaries: | | | | | | |
| 1 – Beneficiary Name: | SSN: | DOB: | | Relationship: | Share %: | |
| Address: | | | | Phone: | | |
| 2 – Beneficiary Name: | SSN: | DOB: | | Relationship: | Share %: | |
| Address: | | | | Phone: | | |
| 3 – Beneficiary Name: | SSN: | DOB: | | Relationship: | Share %: | |
| Address: | | | | | Phone: | |
| Contingent Beneficiaries | : | | | | | |
| 1 – Beneficiary Name: | | SSN: | DOB: | | Relationship: | Share %: |
| Address: | | | | | Phone: | |
| 2 – Beneficiary Name: | SSN: | DOB: | | Relationship: | Share %: | |
| Address: | | | | | Phone: | |
| 3 – Beneficiary Name: | SSN: | DOB: | | Relationship: | Share %: | |
| Address: | | | | Phone: | | |
| death of the last surviving Owner, any s beneficiary(ies). If there is more than or Credit Union shall satisfy the requireme account, unless the Credit Union has be lifetime of the sole owner or joint owner revocable by the account owner(s) revo a revocation or change of POD beneficial checks and drafts which clear this account dividends earned on this account; and (account for all loans or other obligation | uner(s), hereby designate the above-naments remaining on deposit not covered by the POD beneficiary, this share account, we then served with process restricting payments, be his/her/their property and under oking the designation in writing, or changary(ies). This account: (1) is subject to the unt in the regular course of business priors is not subject to any amendment or class to the Credit Union whether jointly or and regulations, all sums paid into the account regulations. | by a separate share a when paid, shall be positive or the account in his/her/their sole coigning the pay on death and deduction from the or to a request by the hange by will or othe individually made. It | greement belong aid in equal share determining whet in accordance with introl and this Desir direction. If there account of all che POD beneficiary(er separate agreer is understood and | to the surviving s to each benefiner any other puterms of such ignation of Paye is more than arges owing, whies) for paymerment. Owner(s) diagreed that su | g Payable on Death (' iciary. Any such payr person shall have an i process. This accoun able on Death Benefi one owner, all owner ithdrawals and the poors; (2) includes all cre hereby grant a secur ubject to credit unior | report in the anterest in the at shall, during the ciary(ies) is a must consent to anyment of all and ity interest in this |
| Primary Member's Signature | Joint Owner #1 Signature | | Joint Owner #2 Signature | | | Date |
| Internal Use Only | Received Date: | | Processed By: | | | |