

ACCOUNT DESIGNATIONS

Date: _____

Account No.

Member/Owner _____

Signature _____

Beneficiary/POD _____

Beneficiary/POD _____

Address _____

Address _____

Social Security # _____

Social Security # _____

Date of Birth _____

Date of Birth _____

ACCOUNT DESIGNATIONS

Date: _____

Account No.

Member/Owner _____

Signature _____

Upon my death, or if there is more than one owner, upon the death of all owners, the Credit Union shall pay the whole of the account to designated beneficiary(s) if living after paying off any outstanding pledges and loans. If more than one beneficiary is designated, the account shall be equally divided among the designated beneficiaries living at the time of my death or all to a sole surviving beneficiary. If no designated beneficiary is living at the time of my death, the Credit Union shall pay the balance in the account to my estate.

Beneficiary/POD _____

SSN/TIN _____

Date of Birth _____

Address _____
