



Beneficiary Change Form

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Primary Beneficiary: I designate the following beneficiaries on my account(s):**

(1) Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ % \_\_\_\_\_

(2) Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ % \_\_\_\_\_

*(Percentage Totals must equal 100%)*

**Contingent Beneficiary: I designate the following contingent beneficiaries on my account. A contingent beneficiary only receives payment if all primary beneficiaries are deceased.**

(1) Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ % \_\_\_\_\_

(2) Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ % \_\_\_\_\_

*(Percentage Totals must equal 100%)*

I understand that the beneficiaries listed above will supersede all beneficiaries previously listed on my account. I further agree that any owner on the account can make changes to the beneficiaries listed at any time.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Credit Union Use Only:**

Employees Name \_\_\_\_\_ Date Completed: \_\_\_\_\_