



Beneficiary Designation

Account # _____ for _____
IRAs not applicable *Member's printed name*

I (We) revoke all prior beneficiary designation in respect to the account, and direct that at my (our) death, all amounts in this account shall be paid to the beneficiaries listed below:

Primary Beneficiary(s): (The total percentage designated must equal 100%)

Full Name: _____

Full Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

SS# or Tax ID: _____ Percent Designated: _____

SS# or Tax ID: _____ Percent Designated: _____

Full Name: _____

Full Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

SS# or Tax ID: _____ Percent Designated: _____

SS# or Tax ID: _____ Percent Designated: _____

Secondary Beneficiary(s): (The total percentage designated must equal 100%)

Full Name: _____

Full Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

SS# or Tax ID: _____ Percent Designated: _____

SS# or Tax ID: _____ Percent Designated: _____

Full Name: _____

Full Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Date of Birth: _____ Relationship: _____

Date of Birth: _____ Relationship: _____

SS# or Tax ID: _____ Percent Designated: _____

SS# or Tax ID: _____ Percent Designated: _____

1. It is not necessary to list Joint Members on the Beneficiary Form. All Joint Members are entitled to funds upon death of the Primary Member, based on Rights of Survivorship. Please designate beneficiaries in the event that all current account holders (Primary and Joint Members) should become deceased before funds are distributed.
2. If no percentage is listed or it does not total 100%, benefits shall be divided equally amount the listed beneficiaries.
3. If a named beneficiary fails to survive me (us), his or her share shall be divided equally among surviving beneficiaries.
4. If none of the foregoing survives me (us), the balance shall be paid to my estate.

Effective Date and Right to Change Beneficiary

I (We) understand this designation of Change of Beneficiary shall be effective on the date of receipt by Telco Community Credit Union and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit in the account shall cease. I (We) retain the right to change this designation of beneficiary and to designate a new beneficiary at any time by delivering an acceptable form of written change of beneficiary designation to Telco Community Credit Union.

Release and Indemnification

I (We) hereby release and hold harmless Telco Community Credit Union from all claims arising from its distribution of assets in accordance with the terms of this beneficiary designation form.

Witness – Signature

Member Signature

Witness – Printed Name

Date Executed: ____/____/____ Financial Institution Use Only: Name Record Updated By _____

Teller #