

BENEFICIARY FORM

Account Nu	mber:
hereto as Owner(s), in the payment The Owner(s) hereby agree(s) that Owner(s) during his/her lifetime. Beneficiaries in the percentages list shall be subject to the withdrawal of to the Owner(s) during his/her lifetime	it Union") is hereby authorized to recognize the signature subscribed of funds or the transaction of any business for the above account only all sums now paid in on the account, are and shall be owned by the Upon the death of the Owner(s), these funds shall be owned by the ted below. The Owner(s) and the Beneficiaries agree that all of said sums or receipt of only the Owner(s) during his/her lifetime, and payment only the shall be valid; provided, however, that, upon the death of the Owner(s) valid and discharge said Credit Union from any liability for such payment.
Name	Name
Relation	Relation
Address	Address
City/State/Zip	0:4:104-4-17:-
Phone	Phone
Social	Social
Date of Birth	Date of Birth
Trailer or %	Trailer or %
Name	Name
Relation	Relation
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Social	Social
Date of Birth	Date of Birth
Trailer or %	Trailer or %
Beneficiaries. The Beneficiary so rer to the account or assets thereof. To a form acceptable to the Credit Unio	ount agreement and remove from ownership in the account any or all moved from this account shall have no interest, rights or privileges in and be binding on the Credit Union, such revocation must be in writing and in an account shall terminate and the deceased Beneficiary's interest in the long the remaining Beneficiaries.
Signature	Date