

## DESIGNATION OF BENEFICIARY

In the event of my death and all other joint owners predecease me, I hereby designate by signing the bottom of this form the person(s) whose name(s) appears below as my beneficiary to receive any and all amounts in this account.\*

### Beneficiary (1)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Beneficiary (2)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Beneficiary (3)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Beneficiary (4)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*If more than one beneficiary is named, amounts will be divided equally among all beneficiaries.

\_\_\_\_\_

Date

\_\_\_\_\_

Member Number

X

Primary Member Name (please print)

Primary Member Signature

\_\_\_\_\_

Phone

\_\_\_\_\_

email

X

Joint Owner Name (please print)

Joint Owner Signature