

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

Primary Member Name (please print)

X

Primary Member Signature

Phone

email

Joint Owner Name (please print)

X

Joint Owner Signature