DESIGNATION OF BENEFICIARY

Credit Union *of* Southern California
BUILDING BETTER LIVES ®

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 Credit Union of Southern California, a Federal Credit Union account.*

Beneficiary (1)

Name_____ Date of Birth_____

Relationship to Member:_____

Address_____ City_____ State_____ Zip Code_____

Beneficiary (2)

Name_____ Date of Birth_____

Relationship to Member:_____

Address_____ City_____ State_____ Zip Code_____

Beneficiary (3)

Name_____ Date of Birth_____

Relationship to Member:_____

Address_____ City_____ State_____ Zip Code_____

Beneficiary (4)

Name_____ Date of Birth_____

Relationship to Member:_____

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

FOR CREDIT UNION USE ONLY

Date received: _____Completed by:_____Verification:_____