



BENEFICIARY DESIGNATION FORM

Account Owner Information

Member Number: _____

Primary Member Name: _____

Beneficiary Designation

I hereby revoke any prior beneficiary designation made by me and designate the individual(s) named below as my beneficiary (ies) on all sub accounts listed under this member number, excluding IRA accounts.

| | |
|---|----------------|
| Beneficiary Name: | Phone Number: |
| Birth Date: | Relationship: |
| Street Address: | |
| City: State: Zip: | Email Address: |

| | |
|---|----------------|
| Beneficiary Name: | Phone Number: |
| Birth Date: | Relationship: |
| Street Address: | |
| City: State: Zip: | Email Address: |

| | |
|---|----------------|
| Beneficiary Name: | Phone Number: |
| Birth Date: | Relationship: |
| Street Address: | |
| City: State: Zip: | Email Address: |

| | |
|---|----------------|
| Beneficiary Name: | Phone Number: |
| Birth Date: | Relationship: |
| Street Address: | |
| City: State: Zip: | Email Address: |

I do not wish to add any beneficiaries to this membership at this time.

Member Signature: _____ Date: _____

02/29/2024