

MEMBER # _____

SECTION 1

BENEFICIARY INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (optional)
RELATIONSHIP TO PRIMARY		SOCIAL SECURITY OR TAX ID #	
ADDRESS (optional)	CITY (optional)	STATE & ZIP (optional)	
BENEFICIARY INFORMATION			
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ADDRESS (optional)	CITY (optional)	STATE & ZIP (optional)	
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CHECK HERE IF THERE ARE ADDITIONAL BENEFICIARIES

SECTION 2

ACCOUNT AGREEMENT		
<p>This Payable on Death (P.O.D.) beneficiary designation applies to all accounts opened under the membership number listed above, but does not apply to IRAs or Trust Accounts. Upon the death of the last surviving owner of a P.O.D. account, any sums remaining in the account(s) shall be made pay-able and distributed to the surviving P.O.D. beneficiary, or if more than one P.O.D. beneficiary is designated, to the surviving beneficiaries equally. Between P.O.D. beneficiaries, there is no right of survivorship. This form supersedes all previously signed Beneficiary Designation forms.</p>		
PRINT PRIMARY NAME: _____	SIGNATURE: _____	DATE: _____
PRINT JOINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT JOINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT JOINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT JOINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT JOINT NAME: _____	SIGNATURE: _____	DATE: _____
SIGNATURE OF PRIMARY AND ALL JOINT MEMBERS IS REQUIRED.		

FOR OFFICE USE ONLY		
REP#	OFFICE#	DATE