

Beneficiary Designation Form

Member Number	Name of Account Owner Completing Form	Date of Birth	Social Security Number		
Home Phone	Work Phone	Cell Phone	Email		
Home Street Address		City	State	Country	Zip
Name of Nearest Relative Not Living With You		Phone	Relationship		
Address of Nearest Relative			Account Number(s)		

Beneficiary(ies)—In the event of my death, or if there is more than one owner of this account, the death of all the owners, I hereby designate as my/our beneficiary(ies) to receive all sums in my/our account established on this form. I/we understand that the funds will be evenly distributed amongst the beneficiaries in the event that all account owners become deceased.

Beneficiary	Name	Date of Birth	Social Security Number
	Address		
Beneficiary	Name	Date of Birth	Social Security Number
	Address		
Beneficiary	Name	Date of Birth	Social Security Number
	Address		
Beneficiary	Name	Date of Birth	Social Security Number
	Address		

Acknowledgment and Signature

I agree that the changes on this form amend, as indicated previously signed forms. Everything I have stated in this application is correct to the best of my knowledge. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the membership Application & Agreement, the Truth-In-Savings Disclosure and if applicable, the Electronic Services Disclosure (receipt of which is hereby acknowledged and which are incorporated herein by this reference). I/We also acknowledge receipt of the Privacy disclosure. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the attached Agreement.

Account Owner's Signature

Date

Agreement

In this Ownership Amendment "I", "We", "Me" and "My" mean each and every person who signs on the reverse. "You" and "Your" mean Bank-Fund Staff Federal Credit Union (BFSFCU). I understand and authorize you to gather whatever credit or checking account information you consider appropriate from time to time. I authorize you to give information concerning your experience with me to others to the extent permitted by law. I understand and agree that you may retain this document and any other information you may receive.

I understand and authorize BFSFCU to verify all information provided in this document as permitted by the USA PATRIOT Act.

I/We authorize BFSFCU to recognize any of the signatures subscribed herein for the payment of funds to any joint owner or survivor, or the transaction of any business for this account or any subaccounts. I/We further agree with each other and BFSFCU that such payment shall discharge BFSFCU from any liability. Any or all of said joint owners may pledge all or any part of the shares in the Membership Savings Account as collateral security to a loan or loans. The right or authority of BFSFCU under this agreement shall not be changed or terminated by the owners, except by written notice to BFSFCU signed by all owners, which shall not affect transactions hereinbefore made.

FOR CREDIT UNION USE ONLY:

Opened On:	Updated On:	Processed By:
Date to QA:	QA Endorsement:	Membership Officer:
Notes:		