

DESIGNATION OR CHANGE OF BENEFICIARY

Member Name:	Member Number:
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Upon the death of ALL account owners, this account will be evenly split between the following beneficiaries:

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Legal Name:	Social Security Number:
Date of Birth (MM/DD/YYYY):	Address:	Phone:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Legal Name:	Social Security Number:
Date of Birth (MM/DD/YYYY):	Address:	Phone:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Legal Name:	Social Security Number:
Date of Birth (MM/DD/YYYY):	Address:	Phone:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Legal Name:	Social Security Number:
Date of Birth (MM/DD/YYYY):	Address:	Phone:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Legal Name:	Social Security Number:
Date of Birth (MM/DD/YYYY):	Address:	Phone:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Legal Name:	Social Security Number:
Date of Birth (MM/DD/YYYY):	Address:	Phone:

Member's Signature: _____ **Date:** _____

PCU USE ONLY

Date Received:	Processed By:
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PCU (10/2015)

