

BENEFICIARY REQUEST FORM



Member Number _____ Date _____

Member Name _____

Address _____

City _____ State _____ Zip _____

SSN _____ DL# _____ Date of Birth _____

Home Number _____ Work Number _____ Mobile Number _____

BENEFICIARY INFORMATION

Beneficiary #1 Apply to all Shares on the Membership now and in the future Apply only to Share ID(s) _____

Name _____

Address _____

Relationship to Accountholder _____

Social Security Number _____ Date of Birth _____

Beneficiary #2 Apply to all Shares on the Membership now and in the future Apply only to Share ID(s) _____

Name _____

Address _____

Relationship to Accountholder _____

Social Security Number _____ Date of Birth _____

Beneficiary #3 Apply to all Shares on the Membership now and in the future Apply only to Share ID(s) _____

Name _____

Address _____

Relationship to Accountholder _____

Social Security Number _____ Date of Birth _____

Beneficiary #4 Apply to all Shares on the Membership now and in the future Apply only to Share ID(s) _____

Name _____

Address _____

Relationship to Accountholder _____

Social Security Number _____ Date of Birth _____

I understand and agree that all subsequent beneficiary forms will supersede this document for the purpose of disposing of my accounts at Affinity Plus Federal Credit Union upon my death. Exception to this will be any and all HSA and IRA accounts at Affinity Plus Federal Credit Union as HSAs and IRAs require separate beneficiary designations.

Signature _____ Date _____