

Beneficiary Form

Use this form to designate one or more beneficiaries for the account(s) listed below. You must be the primary or joint account holder on these accounts. Your beneficiaries will receive the money in the listed accounts after your death. The legal term is a transfer on death. Please refer to the UNFCU Membership and Accounts agreement for information on how the money will be distributed.

The beneficiary designation shall be governed by New York State law. It will also be subject to the terms outlined in the UNFCU Membership and Accounts agreement. This Beneficiary Form will void and replace any previous beneficiary designations on the listed accounts.

If you want to designate more than four beneficiaries, attach the additional information. If you want to designate an organization as a beneficiary, see the next page.

Send us your completed form by secure email. If you do not already have a secure email account, go to unfcu.org/email to request one. You can also drop this off at one of our locations or mail it to the address on the top right.

First name	Middle name	Last name	Member number	
Account number(s)	Account number(s)	Account number(s)	Account number(s)	Account number(s)

1. Beneficiary Designation

Beneficiary name (Last, First Middle)		
Relationship	Birth date (DD Mon YYYY)	
Address (Number and street)	Apt. number	
City, State / Province	Zip / Postal code	Country

2. Beneficiary Designation

Beneficiary name (Last, First Middle)		
Relationship	Birth date (DD Mon YYYY)	
Address (Number and street)	Apt. number	
City, State / Province	Zip / Postal code	Country

3. Beneficiary Designation

Beneficiary name (Last, First Middle)		
Relationship	Birth date (DD Mon YYYY)	
Address (Number and street)	Apt. number	
City, State / Province	Zip / Postal Code	Country

4. Beneficiary Designation

Beneficiary name (Last, First Middle)		
Relationship	Birth date (DD Mon YYYY)	
Address (Number and street)	Apt. number	
City, State / Province	Zip / Postal Code	Country

Complete this section if you wish to designate an organization as your beneficiary.

Organization name

Tax identification number (TIN) or ID number

Address (Number and street)

City State / Province Zip / Postal code Country

Additional details:

x Member signature Date (DD Mon YYYY)

OFFICE USE ONLY

MSR name MSR signature Person number Date (DD Mon YYYY)