

Beneficiary update form

Use this form to designate beneficiaries to your UNFCU deposit account(s). **Please note that beneficiaries provided on this form will void and replace any current beneficiaries. If you wish to keep a current beneficiary, you must include them on this form.**

Multiple beneficiaries on one account will share the available money equally. If you wish to add more beneficiaries than this form allows, you may attach another page. The additional page must be notarized and include information for all required fields.

Please note that UNFCU revocable living trust accounts cannot be assigned a beneficiary. Visit our FAQs or contact us at unfcu.org/contact for more information. UNFCU reserves the right not to accept beneficiary update form(s) that are submitted by any person other than the member or the joint account holder; or in the event UNFCU has reasonable cause to suspect fraudulent activity in relation to the account.

Member information

Designate a person

Beneficiary 1

Assign the following beneficiary to:

☐ All my UNFCU deposit accounts

☐ Only the account number(s) specified:

Additional contact information (Optional):

Designate a person (Continued)**Beneficiary 2**

Assign the following beneficiary to:

All my UNFCU deposit accounts

Only the account number(s) specified: _____

Beneficiary name (Last, First, Middle)

Relationship

Birth date (DD Month YYYY)

Address (Number and street)

Apt. number

City

State/Province

Zip/Postal code

Country

Additional contact information (Optional):

Phone type (Select one)

Country code

Area code

Phone number

Email address

Beneficiary 3

Assign the following beneficiary to:

All my UNFCU deposit accounts

Only the account number(s) specified: _____

Beneficiary name (Last, First, Middle)

Relationship

Birth date (DD Month YYYY)

Address (Number and street)

Apt. number

City

State/Province

Zip/Postal code

Country

Designate a person (Continued)**Additional contact information (Optional):**

Phone type (Select one)

Country code

Area code

Phone number

Email address**Beneficiary 4**

Assign the following beneficiary to:

All my UNFCU deposit accounts

Only the account number(s) specified:

Beneficiary name (Last, First, Middle)

Relationship

Birth date (DD Month YYYY)

Address (Number and street)

Apt. number

City

State/Province

Zip/Postal code

Country**Additional contact information (Optional):**

Phone type (Select one)

Country code

Area code

Phone number

Email address

Designate an organization or charity

Assign the following beneficiary to:

All my UNFCU deposit accounts

Only the account number(s) specified: _____

Organization/Charity name

Tax identification number (TIN) or ID number (Optional)

Address (Number and street)

City State/Province Zip/Postal code Country

Designate a trust

Assign the following beneficiary to:

All my UNFCU deposit accounts

Only the account number(s) specified: _____

Trust name

Trustee name (Last, First Middle)

Successor trustee name (Last, First, Middle) Date established (DD Mon YYYY)

City State/Province Zip/Postal code Country

Agreement and authentication

Your signature must be authenticated in person by a US notary public, apostille, or US embassy/consulate official.

By signing below, I certify that the information provided is correct and accurate.

Check this box to indicate information for additional beneficiaries is attached.

Account holder signature

Date (DD Month YYYY)

Sworn before me this:

Notary public or other official signature

Date (DD Month YYYY)

Submitting your completed form

Digital banking:

Use the email feature within Digital Banking to securely send us your completed form.

1. Hover over the blue icon on the bottom right of [Digital Banking](#).
2. Select the ? icon to create a secure email.

Secure email:

Contact us at email@unfcu.com for detailed instructions on how to send your form securely.

Postal mail:

United Nations Federal Credit Union
Court Square Place, 24-01 44th Road
Long Island City, NY 11101-4605, USA

Attention: Contact Center

In person:

See our locations at: unfcu.org/locations

Office use only

Member number

Processor name

Date processed (DD Mon YYYY)

Reviewer name

Date reviewed (DD Mon YYYY)

Staff notes

Received by:

Email

In-person

Postal mail

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