



BENEFICIARY DESIGNATION FORM

Member Name _____ Member No. _____

The P.O.D. (Payable on Death) beneficiary applies to:

_____ All Accounts _____ Designate Specific Accounts: _____

1. _____% P.O.D. Beneficiary _____

Address _____

Phone _____ SSN _____

Relation to member _____

2. _____% P.O.D. Beneficiary _____

Address _____

Phone _____ SSN _____

Relation to member _____

3. _____% P.O.D. Beneficiary _____

Address _____

Phone _____ SSN _____

Relation to member _____

If the account becomes dormant and the funds are transferred to the Division of State Lands, Heritage Grove Federal Credit Union shall not be liable or responsible for the distribution of funds.

Member Signature _____ Date _____