



Beneficiary Update Form

Pay-On-Death Designation

Name: _____

Account #: _____

Assign – I designate the individual(s) named below as my beneficiary(ies).

Replace – I designate the individual(s) or entity named below as my new beneficiary(ies) and hereby revoke all prior beneficiary designations.

Add – I designate the individual(s) or entity named below as my beneficiary(ies) in addition to all beneficiary(ies) previously designated.

Remove – I remove the individual(s) or entity named below as my beneficiary(ies).

Beneficiary #1		
Name	Social Security Number	Date of Birth
Address	Phone	Relationship
Beneficiary #2		
Name	Social Security Number	Date of Birth
Address	Phone	Relationship
Beneficiary #3		
Name	Social Security Number	Date of Birth
Address	Phone	Relationship
Beneficiary #4		
Name	Social Security Number	Date of Birth
Address	Phone	Relationship

In the event of death of all owners on this account, beneficiary(ies) will receive any and all amounts in the prime share and sub-accounts. I agree and understand that payees receive the proceeds of all accounts on which they are named equally. For security reasons, electronic signatures are currently not acceptable.

Signature: _____

(electronic signatures not acceptable)

Date: _____

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