

**MULTIPLE BENEFICIARIES
&
ADDING BENEFICIARIES (SUBSEQUENT ACTION)**

I/We authorize the Credit Union to add the following beneficiaries to my/our account(s).

Member/Owner _____ Account # _____

BENEFICIARIES:

Name _____ SSN/TIN _____
Address _____
Phone _____ Dr. Lic. No. _____ Date of Birth _____

Name _____ SSN/TIN _____
Address _____
Phone _____ Dr. Lic. No. _____ Date of Birth _____

Name _____ SSN/TIN _____
Address _____
Phone _____ Dr. Lic. No. _____ Date of Birth _____

Name _____ SSN/TIN _____
Address _____
Phone _____ Dr. Lic. No. _____ Date of Birth _____

Name _____ SSN/TIN _____
Address _____
Phone _____ Dr. Lic. No. _____ Date of Birth _____

Name _____ SSN/TIN _____
Address _____
Phone _____ Dr. Lic. No. _____ Date of Birth _____

I/We agree that the changes on this Form amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings, Rate & Fee Schedule, and Funds Available Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card of EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature _____

Date _____

Signature _____

Date _____