

Beneficiary Designation Form

Complete this form to designate beneficiarie(s) for the private contributions to the Lansing SAVE account listed below. Please complete and return the Authorized Signer Form before returning the Beneficiary Designation Form.

Student Account Number:					Student Name		Student Number	
First Name	Middle	Last	Suffix	Phone	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	
Address		City	State	ZIP	Birth Date	Social Security Number (Optional)		%
First Name	Middle	Last	Suffix	Phone	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	
Address		City	State	ZIP	Birth Date	Social Security Number (Optional)		%
First Name	Middle	Last	Suffix	Phone	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	
Address		City	State	ZIP	Birth Date	Social Security Number (Optional)		%
First Name	Middle	Last	Suffix	Phone	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	
Address		City	State	ZIP	Birth Date	Social Security Number (Optional)		%

Release and Indemnification

I hereby release and hold harmless the Lansing SAVE program and MSUFCU from all claims arising from its distribution of assets in accordance with the terms of this Beneficiary Designation form. By signing here, I am agreeing to the terms contained in the Beneficiary Designation Guidelines.

Authorized Signer Signature

Date

Authorized Signer Printed Name

Daytime Phone Number

FOR MSUFCU OFFICE USE ONLY

Date Received

Employee Name

Employee Number



Federally insured
by the NCUA