

## **Beneficiary Designation**

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|            | -)  |    |    |

**Credit Union** 

| OUCU Account Number:  |                                   |      |      | Member Name |                      |            |                                     |  |                    |      |  |
|---|-----------------------------------|------|------|-------------|----------------------|------------|-------------------------------------|--|--------------------|------|--|
| First Nam   | ne Mido                           | dle  | Last | Suffix      |                      |            | ☐ Benefic                           | iary<br>gent Beneficiary                         | Relationship ciary |      |  |
| Address   |                                   | City |      | State       | ZIP                  | Birth Date |                                     | Social Security                                  | Number %           |      |  |
| First Nam   | ne Mido                           | lle  | Last | Suffix      |                      |            | ☐ Benefic☐ Conting                  | Relationship ent Beneficiary                     |                    | ship |  |
| Address   |                                   | City |      | State       | ZIP                  | Birth Da   | ite                                 | Social Security                                  | Number             | %    |  |
| First Nam   | ne Mido                           | lle  | Last | Suffix      | Phone Benefic        |            | iary<br>gent Beneficiary            | Relationship<br>y                                |                    |      |  |
| Address   |                                   | City |      | State       | ZIP                  | Birth Da   | ite                                 | Social Security                                  | Number             | %    |  |
| First Nam   | ne Mido                           | lle  | Last | Suffix      | Phone Benefic        |            | ary Relationship<br>ent Beneficiary |  | ship               |      |  |
| Address   |                                   | City |      | State       | ZIP                  | Birth Da   | ite                                 | Social Security                                  | Number             | %    |  |
| First Nam   | ne Mido                           | lle  | Last | Suffix      |                      |            | Benefic                             | eneficiary Relationship<br>ontingent Beneficiary |                    |      |  |
| Address   |                                   | City |      | State       | ZIP                  | Birth Da   | ite                                 | Social Security                                  | Number             | %    |  |
| First Nam   | ne Mido                           | lle  | Last | Suffix      |                      |            | Benefic                             | ciary Relationship<br>gent Beneficiary           |                    | ship |  |
| Address   |                                   | City |      | State       | ZIP                  | Birth Da   | ite                                 | Social Security                                  | Number             | %    |  |
| Release and Indemnification   |                                   |      |      |             |                      |            |                                     |  |                    |      |  |
| I/We hereby release and hold harmless OUCU from all claims arising from its distribution of assets in accordance with the terms of this Beneficiary Designation form. By signing here, you are agreeing to the terms contained in the Beneficiary Designation Guidelines. |                                   |      |      |             |                      |            |                                     |  |                    |      |  |
|   | Member Signature                  |      |      |             |                      | Date       |                                     |  |                    |      |  |
|   | Joint Member Signature (optional) |      |      |             |                      | Date       |                                     |  |                    |      |  |
|   | Witness Signatur                  | 2    |      |             | Witness Printed Name |            |                                     |  |                    |      |  |

**NCUA** Federally insured by the NCUA FOR OFFICE USE ONLY

Date Received

Received By





## **Important Beneficiary Information**

It is not necessary to list joint members. All joint members are entitled to the funds upon death of the primary member, based on the Rights of Survivorship. Please designate beneficiaries in the event that all current account holders (primary and joint members) should become deceased before funds are distributed.

If no percentage is listed on the Beneficiary Designation form, or it does not total 100%, benefits shall be divided equally among the listed beneficiaries.

If a named beneficiary does not survive the account owner(s), his or her share will be divided equally among surviving beneficiaries.

If none of the beneficiaries listed on the Beneficiary Designation form survive the account holder/holders, the balance will be paid to the account holder's/holders' estate.

## By completing and signing the Beneficiary Designation form, you are agreeing to the terms below:

I/We revoke all prior beneficiary designations in respect to this account, and direct that upon my/our death, all amounts in this account shall be paid to the beneficiaries designated. If none of these beneficiaries survive me/us, pay benefits to the person(s) designated as "Contingent" beneficiaries or whichever of them survives me/us.

I/We understand the Beneficiary Designation form shall be effective on the date of receipt by OUCU and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit in this account shall cease. I/We retain the right to change this designation of beneficiary and to designate a new beneficiary at any time by delivering an acceptable form of written change of beneficiary designation to OUCU.

Oakland University Credit Union is a licensed trade name for Michigan State University Federal Credit Union (MSUFCU). All legal documents and Federal Reserve transactions will be between you and MSUFCU. Michigan State University Federal Credit Union savings are federally insured to at least \$250,000 by the NCUA and backed by the full faith and credit of the United States Government. Specific features, rates and fees of credit union services are subject to change without notice.

