

Beneficiary Designation



MSUFCU Account Number:				Member Name				
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		%
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		%
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		%
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		%
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		%
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		%

Release and Indemnification

I/We hereby release and hold harmless MSUFCU 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

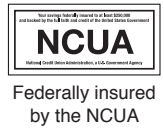
Date

Joint Member Signature (optional)

Date

Witness Signature

Witness Printed Name



FOR OFFICE USE ONLY

Date Received

Received By

Beneficiary Designation Guidelines

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 MSUFCU 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 MSUFCU.

Return your completed Beneficiary Designation form to MSUFCU:

Mail

Michigan State University Federal Credit Union, PO Box 1208, East Lansing, MI 48826

In Person

Bring your completed form to any of our branch locations.

Fax

517-664-7347 or 866-374-2123

Online

Scan and upload your form to the eMessage Center at www.msufcu.org.

