

Beneficiary Designation

Account Number	Member Name
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Beneficiaries

1	First Name	Middle	Last	Suffix	Phone		
	Address 1		Address 2		City	State	ZIP
	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	Birth Date	Social Security Number		%

2	First Name	Middle	Last	Suffix	Phone		
	Address 1		Address 2		City	State	ZIP
	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	Birth Date	Social Security Number		%

3	First Name	Middle	Last	Suffix	Phone		
	Address 1		Address 2		City	State	ZIP
	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	Birth Date	Social Security Number		%

4	First Name	Middle	Last	Suffix	Phone		
	Address 1		Address 2		City	State	ZIP
	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	Birth Date	Social Security Number		%

5	First Name	Middle	Last	Suffix	Phone		
	Address 1		Address 2		City	State	ZIP
	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	Birth Date	Social Security Number		%

6	First Name	Middle	Last	Suffix	Phone		
	Address 1		Address 2		City	State	ZIP
	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Contingent Beneficiary		Relationship	Birth Date	Social Security Number		%

Release and Indemnification

I/We hereby release and hold harmless OU Credit Union from all claims arising from its distribution of assets in accordance with the terms of this Beneficiary Designation form. By signing here, I/we agree to the terms contained in the Beneficiary Designation Guidelines on page 2.

Member Signature

Date

Joint Account Holder Signature (optional)

Date

Witness Signature

Witness Printed Name

FOR OFFICE USE ONLY	Date received	Received by
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Beneficiary Designation Guidelines

Important Beneficiary Information

- **Beneficiary:** Any person, trust, or entity designated to receive all or some of the account assets in the event of member's death. If the account is joint, payment to the beneficiary(ies) will be made upon the death of the last to survive of the joint account holders. (The member and joint account holders are referred to as "account holders").
- **Contingent Beneficiary:** Any person, trust, or entity designated to receive all or some of the account assets in the event of the account holder's death if the beneficiary(ies) has died or refuses the funds.
- It is not necessary to list joint account holders as beneficiaries. All joint account holders are entitled to the funds upon the death of the primary member, based on the rights of survivorship that relate to joint ownership. Please designate beneficiaries in the event that all account holders should die at or about the same time.
- If no percentage is listed on the Beneficiary Designation form, or all the percentages do not total 100%, benefits shall be divided equally among the listed beneficiaries.
- If a named beneficiary does not survive the account holders, his or her share will be divided equally among surviving beneficiaries. If none of the named beneficiaries survive the account holders, and a named contingent beneficiary does not survive the account holders, his or her share will be divided equally among surviving contingent beneficiaries.
- If none of the beneficiaries or contingent beneficiaries listed on the Beneficiary Designation form survive the account holders, the balance will be paid to the estate of the account holder who was the last to die of all the account holders.

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 in this Beneficiary Designation form. 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 this Beneficiary Designation form shall be effective on the date of receipt by OU Credit Union, and if this Beneficiary Designation form changes any beneficiary previously designated for this account, then the right of all previously designated beneficiaries to receive benefit from 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 OU Credit Union.

Return your completed Beneficiary Designation form to OU Credit Union:

Mail

OU Credit Union, PO Box 1208, East Lansing, MI 48826

In Person

Bring your completed form to any of our branch locations.

Fax

866-374-2123

Online

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