

Beneficiary Designation Form

Complete this form to designate beneficiaries 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 Name	Last Name	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 Name	Last Name	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 Name	Last Name	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 Name	Last Name	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 Name	Last Name	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

Beneficiary Designation Guidelines

Important Beneficiary Information

Complete the Beneficiary Designation form to designate beneficiaries for the private contributions to the Lansing SAVE account listed on the form. Complete and return the Authorized Signer Form before returning the Beneficiary Designation Form.

Please designate beneficiaries in the event that the student account holder 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 student, his or her share will be divided equally among surviving beneficiaries.

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

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

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

I understand the Beneficiary Designation form shall be effective on the date of receipt by MSU Federal Credit Union and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefit in this account shall cease. I 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:

In Person: Bring your completed form to any MSUFCU branch. Visit msufcu.org for branch locations.

Mail: MSU Federal Credit Union, PO Box 1208, East Lansing, MI 48826

Fax: Toll-Free: 866-374-2123