

Affidavit of Beneficiary Accepting Designated Funds



800-678-4968 • 517-333-2424
www.msufcu.org

Date: _____

I, _____, acknowledge that I am the named beneficiary on account _____ ("Account") held by MSU Federal Credit Union member _____ (Member's name) who died on _____ (date of death).

I acknowledge receipt of all funds in the Account to which I am entitled, and I hereby release MSU Federal Credit Union from all claims and causes of action to related to the Account.

My current mailing address is:

► Signature _____

Print name _____

Notary Information

State of _____ County of _____

Subscribed and sworn to before me _____ day of _____, 20____.

Signature _____

Print name _____

Acting in _____ County

My Commission expires _____