

Affidavit of Beneficiary Accepting Designated Funds



800-678-4968 • 517-333-2424
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: _____

My current phone number 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 _____