



## Account Beneficiary Designation

Member's Information:

Primary Member's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Union Account Number: \_\_\_\_\_

In the event of my death, I hereby designate the following beneficiary (ies):

Beneficiary Name's: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Percentage\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Percentage\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\*Percentages must add to 100% of funds in account.

PLEASE FAX TO 202-673-3508 OR EMAIL TO [INFO@DCCREDITUNION.COOP](mailto:INFO@DCCREDITUNION.COOP)