

Account Number



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Member Number

Account Beneficiary Designation

Member Name

Account Information

Type of Account				
Select ONLY One				
<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Interest Checking Plus	<input type="checkbox"/> Insured Money Market	<input type="checkbox"/> Certificate
<input type="checkbox"/> Special		<input type="checkbox"/> Holiday		

Joint Member Information

First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date
First Name	Last Name	Member Number	Birth Date

Beneficiary Information

Beneficiary Name (1)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number
Beneficiary Name (2)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number
Beneficiary Name (3)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number
Beneficiary Name (4)	Social Security Number	Relationship	Birth Date	
Street Address	City	State	Zip Code	Phone Number

Beneficiary Information, continued

Name of Non-Person Entity (1)		Contact Person		
Street Address	City	State	Zip Code	Phone Number
Name of Non-Person Entity (2)		Contact Person		
Street Address	City	State	Zip Code	Phone Number

I (We) elect not to designate a beneficiary(ies). I (We) revoke all prior beneficiary(ies) designations in respect to this Account.

Signature(s)

By signing below, You designate the individual(s) or entity named above as the primary beneficiary(ies) of this Account. The designated beneficiaries own equal share percentages in the Account. If any primary beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. You may change the beneficiary(ies) identified on this designation form only with the written consent of all owners to the Account. This form supersedes, takes precedence over and replaces any such form that preceded it.

Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date
Joint Member's Signature	Printed Name	Date

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____