

# Request to Add a Beneficiary

To add a beneficiary(ies) to your account, we need the following:

- Completed and signed Account Beneficiary Designation form(s) for each account. All account owners **must** sign this form when adding a beneficiary(ies).
- For non-person entity beneficiaries, please list only one contact person per entity.

Please provide the requested information on the following form(s) and return to DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at 888.336.2700.

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Account Number



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

Member Number

Member Name

## Account Beneficiary Designation

### Type of Account

Select **ONLY** One

☐ Savings ☐ Checking ☐ Insured Money Market ☐ Certificate ☐ Special ☐ Holiday

### Joint Member Information

First Name	Last Name	Member Number
First Name	Last Name	Member Number
First Name	Last Name	Member Number
First Name	Last Name	Member Number

### Beneficiary Information

Beneficiary Full Name (1)	Relationship	Social Security Number	Birthdate	
Address	City	State	Zip Code	Phone Number
Beneficiary Full Name (2)	Relationship	Social Security Number	Birthdate	
Address	City	State	Zip Code	Phone Number
Beneficiary Full Name (3)	Relationship	Social Security Number	Birthdate	
Address	City	State	Zip Code	Phone Number
Beneficiary Full Name (4)	Relationship	Social Security Number	Birthdate	
Address	City	State	Zip Code	Phone Number

### Complete section below if beneficiary is non-person entity (e.g. a charity)

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

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

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## 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.

_____	_____	_____
<b>Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Joint Member's Signature</b>	<b>Printed Name</b>	<b>Date</b>

**FOR CREDIT UNION USE ONLY**

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ EMPLOYEE \_\_\_\_\_