

# 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.

Account Number



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

Member Number

# Account Beneficiary Designation

Member Name

### 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.

# 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 \_\_\_\_\_