



BENEFICIARY DESIGNATION FORM

TYPE OF CHANGE

I authorize the credit union to make and accept the following beneficiary changes to my account(s). Please indicate the type of change and complete only the information that affects the change.

- | | |
|--|---------------------------------|
| ☐ Primary Beneficiary(s) | ☐ Add |
| ☐ Contingent Beneficiary(s) | ☐ Change |
| ☐ Trust Beneficiary | ☐ Remove |

Beneficiary Designation: I designate that upon my death, the assets in this account (all shares except CDs, IRAs and HSAs) be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

ACCOUNT OWNER INFORMATION

Primary Member Name:	Member Account #:
Address:	Social Security #:
City/State/Zip:	Date of Birth: / /
Phone: ()	E-mail:

PRIMARY BENEFICIARIES (Combined designation must equal 100%)

Beneficiary Name:		Beneficiary Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Date of Birth: / /	Relationship:	Date of Birth: / /	Relationship:
Social Security #:	Percent Designation: %	Social Security #:	Percent Designation: %
Beneficiary Name:		Beneficiary Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Date of Birth: / /	Relationship:	Date of Birth: / /	Relationship:
Social Security #:	Percent Designation: %	Social Security #:	Percent Designation: %

CONTINGENT BENEFICIARIES (Combined designation must equal 100%)

Beneficiary Name:		Beneficiary Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Date of Birth: / /	Relationship:	Date of Birth: / /	Relationship:
Social Security #:	Percent Designation: %	Social Security #:	Percent Designation: %
Beneficiary Name:		Beneficiary Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Date of Birth: / /	Relationship:	Date of Birth: / /	Relationship:
Social Security #:	Percent Designation: %	Social Security #:	Percent Designation: %

TRUST AS BENEFICIARY (Trust must be the sole beneficiary on a membership)

Name of Trust:	
EIN/TIN:	Date of Trust: / /

AUTHORIZED SIGNATURE

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the trustee or custodian. The trustee or custodian has provided no tax or legal advice to me regarding my beneficiary designations.

I designate the persons or entities named above as my primary and/or contingent beneficiaries of my account with LMCU. I hereby revoke all prior beneficiary designations, if any, made by me.

Authorized Signature

Date

CREDIT UNION USE ONLY

Date:
Branch #:
User ID:
ID verified & imaged: