

CHANGE IN BENEFICIARY DESIGNATION

2625 Corporate Place, Monterey Park, CA 91754-7645
 Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831
 800-222-1226 www.fafcu.org



**F&A Federal
 Credit Union**

For Them it's Business.
 For Us it's Personal.

Member Number : _____
 Member Name : _____
 Joint Member(s) Name(s) : _____

This account or certificate is owned by the named member. Upon the death of the named member, proceeds of this account pass to the named beneficiary(ies). If this account is held in joint tenancy with multiple owners, in the event of death of any named owner, ownership passes to the surviving owner(s). Upon the death of all of the owners, the proceeds will pass to the named beneficiary(ies) as designated on this form.

USE

This form is used to designate "Pay-on-Death" beneficiaries. This form cannot be used to designate beneficiaries on IRAs or Trust Accounts.

INSTRUCTIONS

Once completed, submit this form in person or by mail with a copy of a government issued ID for each named account owner.

DESIGNATE YOUR BENEFICIARY(IES)

_____	_____	_____	_____
Beneficiary 1 : First Name / Last Name or Name of Trust	Social Security Number	Telephone Number	Relationship
_____	_____	_____	_____
Physical Street Address	City	State / Zip	Date of Birth
_____	_____	_____	_____
Beneficiary 2 : First Name / Last Name or Name of Trust	Social Security Number	Telephone Number	Relationship
_____	_____	_____	_____
Physical Street Address	City	State / Zip	Date of Birth
_____	_____	_____	_____
Beneficiary 3 : First Name / Last Name or Name of Trust	Social Security Number	Telephone Number	Relationship
_____	_____	_____	_____
Physical Street Address	City	State / Zip	Date of Birth

Account Holder Signature _____

Date _____

Joint Account Holder Signature _____

Date _____

All beneficiaries are deemed to have an equal interest in the account(s) noted. This designation form supersedes any previously completed beneficiary designation form(s).

FOR CREDIT UNION USE ONLY:

I have reviewed this form and verified the identity of the member/owner(s).

Name _____

Title _____

Signature _____

Date _____



Federally insured
 by NCUA