

Designation of Beneficiary Form Savings, Checking, Certificate of Deposit & Money Market Accounts



Form Instructions:

- 1 — Complete all applicable areas on printed form
- 2 — Print completed form
- 3 — Signature(s) and date required

4 — Print and mail the completed form to:

Delta Community Credit Union,
ATTN: Deposit Services
P.O. Box 20541, Atlanta, GA 30320-2541
or fax to 404-677-4802

Last Name

First Name

Member Number

Social Security Number

Phone Number

Payable on Death Beneficiary Information (Beneficiary cannot be a Joint Owner) This account shall be a Payable on Death account as defined in Article 8 of the Financial Institutions Code of Georgia. Upon the death of the last owner, this account shall be payable to the designated Beneficiary Payee(s). If more than one beneficiary is named, all surviving beneficiaries will receive an equal share. Owners of family trusts may designate the Successor Trustee of the trust as a beneficiary payee, provided such trustee is an individual and not a Primary or Joint Owner of the account. A Social Security number is required for all beneficiaries, so that we may identify beneficiaries upon disbursement of funds. For business accounts, Payable on Death designations are only allowed on sole proprietorships accounts. They are not allowed on partnerships, LLC's or corporations.

Check one of the following and complete a section for each beneficiary.

- I am designating a new beneficiary(ies). The new beneficiary(ies) will replace existing beneficiary(ies).
- I am adding beneficiary(ies). Please list both new and existing beneficiaries below.
- I am deleting beneficiary(ies). Please specify the beneficiary name(s) you wish to delete below.

Beneficiary

Name _____
First Middle Last

Social Security Number _____ Date of Birth _____

Checking Account # _____ Savings Account # _____ Additional Savings Account # _____

Certificate of Deposit Account # _____ Money Market Account # _____

Beneficiary

Name _____
First Middle Last

Social Security Number _____ Date of Birth _____

Checking Account # _____ Savings Account # _____ Additional Savings Account # _____

Certificate of Deposit Account # _____ Money Market Account # _____

Beneficiary

Name _____
First Middle Last

Social Security Number _____ Date of Birth _____

Checking Account # _____ Savings Account # _____ Additional Savings Account # _____

Certificate of Deposit Account # _____ Money Market Account # _____

Signature of Primary Account Owner

Date

Signature of Joint Owner

Date

