

Account Owner Information

Account Name _____

Account Number _____

Transfer on Death Beneficiary(ies)

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____ - ____ - _____

Birth Date ____/____/____ Relationship _____

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____ - ____ - _____

Birth Date ____/____/____ Relationship _____

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____ - ____ - _____

Birth Date ____/____/____ Relationship _____

Name and address of Beneficiary

Percent of Benefits _____

Social Security Number ____ - ____ - _____

Birth Date ____/____/____ Relationship _____

1.) I hereby designate the above as my beneficiary(ies). Unless otherwise requested herein, each payment to be made pursuant to this designation: (a) shall be paid in equal shares to the primary beneficiaries who are living at the time of my death, or (b) if no primary beneficiary shall be living at the time of my death, such payment shall be made in equal shares to the contingent beneficiaries who are then living.

2.) The Participant shall have the right to change this designation at any time by filing a new Change of Beneficiary form with the Institution.

3.) Spousal consent (for use in community or marital property states) I agree to my spouse naming a primary beneficiary other than myself.

(Signature of Spouse)

Signature _____

Date _____

Signature _____

Date _____