

BENEFICIARY DESIGNATION



Complete this form to add, update or remove beneficiaries on existing personal accounts. The primary member **MUST** sign this form. An attorney-in-fact (Power of Attorney) may not sign for the Primary Member. **Do not use this form** for Trust, Business, Estate, IRA, Custodial, Benefit, Guardianship, Conservatorship, Personal Representative or Federal Fiduciary accounts.

PRIMARY MEMBER INFORMATION		
Primary Member Name	Social Security Number	Wings ID

INTENT OF APPLICATION
<input type="checkbox"/> Add/Update Beneficiaries - This form supersedes any previous designations.
<input type="checkbox"/> Remove All Beneficiaries - I elect to have no beneficiaries listed for the accounts specified. By checking this box, I understand that this form supersedes all previous designations and any beneficiaries previously listed will be removed.

UPDATE THE FOLLOWING ACCOUNTS:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYABLE UPON DEATH DESIGNATION OF BENEFICIARY

The below named person(s) is/are designated as the beneficiary(ies) on all accounts listed on this application.

BENEFICIARY # 1		
Beneficiary #1 Name	Wings ID	
Social Security Number	Date of Birth	Relationship to Member

BENEFICIARY # 2		
Beneficiary #2 Name	Wings ID	
Social Security Number	Date of Birth	Relationship to Member

BENEFICIARY # 3		
Beneficiary #3 Name	Wings ID	
Social Security Number	Date of Birth	Relationship to Member

BENEFICIARY # 4		
Beneficiary #4 Name	Wings ID	
Social Security Number	Date of Birth	Relationship to Member

BENEFICIARY # 5		
Beneficiary #5 Name	Wings ID	
Social Security Number	Date of Birth	Relationship to Member

SIGNATURE(S)	
If you live in a community property state (AZ,CA,ID,LA,NM,NV,TX,WA,WI) and designate a beneficiary other than your spouse, your spouse must consent to the designation by signing:	
Signature of Spouse if required	Date
Signature of Primary Member	Date

CU Use Only: Teller Number	Date
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