



Designation of Beneficiary Form
Savings, Checking, Term Deposits, and Money Market Accounts

**Does not include all IRA Beneficiaries*

Form Instructions: Complete all applicable fields. Signature and date are required!

Primary Member Information

First and Last Name

Account Number

- If a named beneficiary does not survive the account owner(s), his or her share will be divided equally among the surviving beneficiaries.
- Each account suffix may have different beneficiaries.
- All prior beneficiary designation are now revoked.
- I hereby release and hold harmless CASE Credit Union from all claims arising from its distribution of assets in accordance with the terms of this Beneficiary Designation form. By signing this form, you are agreeing to the terms contained on this Beneficiary Designation form.

Member Signature

Date

Beneficiary
Name: _____
Social Security Number: _____
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Additional Savings
<input type="checkbox"/> Money Market Account <input type="checkbox"/> All suffixes
<input type="checkbox"/> Term Deposit, suffix #:

Beneficiary
Name: _____
Social Security Number: _____
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Additional Savings
<input type="checkbox"/> Money Market Account <input type="checkbox"/> All suffixes
<input type="checkbox"/> Term Deposit, suffix #:

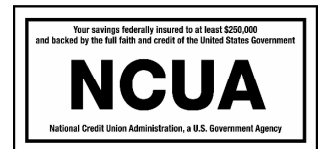
Beneficiary
Name: _____
Social Security Number: _____
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Additional Savings
<input type="checkbox"/> Money Market Account <input type="checkbox"/> All suffixes
<input type="checkbox"/> Term Deposit, suffix #:

Beneficiary
Name: _____
Social Security Number: _____
<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Additional Savings
<input type="checkbox"/> Money Market Account <input type="checkbox"/> All suffixes
<input type="checkbox"/> Term Deposit, suffix #:

Mail: Account Specialist, CASE Credit Union, PO Box 22158, Lansing, MI 48910

In Person: Bring your completed form to any of our branch locations

Fax: 517-367-1074



FOR OFFICE USE ONLY: Date Received: _____ Received By: _____