FirefightersFirst CREDIT UNION

Designation / Change of Beneficiary

Member Information (please print)		
Member Name:	Phone Number:	Member Number:

☐ All accounts within my membership OR ☐ List specific accounts:

_____ _____ _____ _____

Payable on Death (POD): In the event of my death and the death of all joint owners, I hereby designate the person (s) whose name (s) appear below as my beneficiary (ies) to receive all amounts in the accounts designated above according to the Truth in Savings Disclosure. Multiple beneficiaries with no share percentage indicated will be deemed to share all amounts equally.

Primary Beneficiaries:				
1 – Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
2 – Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
3 – Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	

Contingent Beneficiaries:				
1 – Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
2 – Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
3 – Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	

_____ _____ _____ _____

Primary Member's Signature | Joint Owner #1 Signature | _ Joint Owner #2 Signature | Date

Please mail to:
Firefighters First CU
ATTN: Operations Dept
P O Box 60890
Los Angeles, CA 90060-0890

or Fax to: (323) 550-2287

Or take to your nearest branch

Or email to OpsFax@firefirstcu.org

IMPORTANT ~ Form must be signed by all owners on the account. If different owners within one membership, please complete separate forms for each account.

For Credit Union Use Only:

Received Date: Processed by: Completed Date: Manager Approval:

(05/18)