



# Designation / Change of Beneficiary

Member Information (please print)		
Member Name:	Phone Number:	Member Number:
<input type="checkbox"/> All accounts within my membership <b>OR</b> <input type="checkbox"/> 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:	

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 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: