

Request to Add a Beneficiary

To add a beneficiary(ies) to your account, we need the following:

- Completed and signed Account Beneficiary Designation form(s) for each account. All account owners **must** sign this form when adding a beneficiary(ies).
- For non-person entity beneficiaries, please list only one contact person per entity.

Please provide the requested information on the following form(s) and return to DFCU Financial, PO Box 610, Dearborn MI 48121.

If you have any questions, please visit any branch location or contact us at 888.336.2700.

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Account Number



Member Number

Account Beneficiary Designation

Member Name

Type of Account

Joint Member Information

Full Name

Member Number

Full Name

Member Number

Full Name

Member Number

Full Name

Member Number

Request Type – Select only one option below and complete the section, if applicable.

Add/modify beneficiary information

Beneficiary Full Name (1)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Beneficiary Full Name (2)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Beneficiary Full Name (3)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Beneficiary Full Name (4)

Relationship

Social Security Number

Birthdate

Address

City

State

Zip Code

Phone Number

Add non-person entity beneficiary (e.g. a charity)

Name of Non-Person Entity (1)

Contact Person

Phone Number

Address

City

State

Zip Code

Name of Non-Person Entity (2)

Contact Person

Phone Number

Address

City

State

Zip Code

I (We) elect not to designate a beneficiary(ies). I (We) revoke all prior beneficiary designations in respect to this account.

Signature(s)

By signing below, You designate the individual(s) or entity named above as the primary beneficiary(ies) of this Account. The designated beneficiaries own equal share percentages in the Account. If any primary beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. You may change the beneficiary(ies) identified on this designation form only with the written consent of all owners to the Account.

This form supersedes, takes precedence over and replaces any such form that preceded it.

_____	_____	_____
Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date
_____	_____	_____
Joint Member's Signature	Printed Name	Date

FOR CREDIT UNION USE ONLY

DATE _____ BRANCH _____ EMPLOYEE _____