

# Beneficiary Designation



Revised: 02.22.2017

Account Number(s):			
Beneficiary Applies to Account/Suffixes:	Applies to entire account:	Applies to certain suffixes, describe:	
<p align="center"><b>Primary Beneficiaries</b></p> <p>(Total percentage must equal 100% - Use additional forms if more than two names listed):</p>	Percentage:	Name:	
	SSN:	Birth Date:	Phone:
	Address:		
	City:	State:	Zip:
	Percentage:	Name:	
	SSN:	Birth Date:	Phone:
	Address:		
<p align="center"><b>Secondary Beneficiaries</b></p> <p>(Total percentage must equal 100% - Use additional forms if more than two names listed):</p>	Percentage:	Name:	
	SSN:	Birth Date:	Phone:
	Address:		
	City:	State:	Zip:
	Percentage:	Name:	
	SSN:	Birth Date:	Phone:
	Address:		
City:	State:	Zip:	
Print Name #1:	Signature #1:		Date:
Print Name #2:	Signature #2:		Date:
Print Name #3:	Signature #3:		Date:

By signing above, I/we hereby authorize Southwest Colorado Federal Credit Union, to replace any existing beneficiaries previously named for this account (if applicable). **All account owners must sign to add/update beneficiary information.**

**Instructions:**

- Return via fax (970-247-8784), mail (15 Bodo Drive, Durango, CO 81303) or secure email (link on our "Contact Us" webpage – DO NOT SEND THROUGH REGULAR EMAIL AS IT IS NOT SECURE).

<b>FOR CREDIT UNION USE ONLY:</b>	OFAC Check: <input type="checkbox"/>	Date Updated:	Initials:
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