



ADD/CHANGE BENEFICIARY

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

Initial Designation Update Information Additional Beneficiaries Membership # _____

This beneficiary designation pertains to my entire membership, or the accounts described below:

- Pertains to **all accounts** (sub-accounts) under the above membership number.
- Pertains only to **the following account numbers**: _____, _____, _____, _____

Note: If you want different beneficiaries for other sub accounts, you must fill out a separate Add/Change Beneficiary form for each.

 ↑ Account Owner First Name M.I. Last Name Email Address

 Address City State Zip

 (Area Code) Home Phone (Area Code) Work Phone (Area Code) Cell Phone

BENEFICIARY DESIGNATION

The following beneficiary(ies) is/are to receive the proceeds of each account stated above in the event of death of all account owners. Unless otherwise stated, each beneficiary will receive equal shares. The designation percent must add up to 100%.

1. _____
 ↑ Full Name Relationship Designation %

 Address City State Zip

 Home Phone Work Phone Cell Phone Mother's Maiden Name

 Social Security Number Birth Date ID/Driver License Number State Expiration Date

 Email Address US Citizen Permanent Resident Non-Resident Alien

2. _____
 ↑ Full Name Check If Contingent* Relationship Designation %

 Address City State Zip

 Home Phone Work Phone Cell Phone Mother's Maiden Name

 Social Security Number Birth Date ID/Driver License Number State Expiration Date

 Email Address US Citizen Permanent Resident Non-Resident Alien

3. _____
 ↑ Full Name Check If Contingent* Relationship Designation %

 Address City State Zip

 Home Phone Work Phone Cell Phone Mother's Maiden Name

 Social Security Number Birth Date ID/Driver License Number State Expiration Date

 Email Address US Citizen Permanent Resident Non-Resident Alien

4. _____
 ↑ Full Name Check If Contingent* Relationship Designation %

 Address City State Zip

 Home Phone Work Phone Cell Phone Mother's Maiden Name

 Social Security Number Birth Date ID/Driver License Number State Expiration Date

 Email Address US Citizen Permanent Resident Non-Resident Alien

* The funds will go to these beneficiaries if ALL primary beneficiaries predeceased ALL account owners. The total percentage must equal 100% between all contingent beneficiaries. By signing below I, the primary account owner, authorize the beneficiary(ies) detailed above to be assigned to the account(s) requested within the membership number, also detailed above.

X _____
Signature Date