



## Beneficiary Designation Form

The following individual(s) will be my Beneficiary(ies) on the account number listed below. Unless otherwise documented and attached, all funds on deposit in all suffixes under this account number will be divided equally among the primary beneficiaries herein listed.

If you wish to add more detail to your Beneficiary Designation, you may add an additional sheet to describe how you would like your funds on deposit divided among your beneficiaries. For each deposit suffix, you may designate the percentage of funds on deposit that you would like to have distributed to each beneficiary. A different list of beneficiaries may be designated for each suffix under each account number. Please identify each beneficiary by Name, SS#, Birthdate, Relationship, and Mailing Address.

To update your beneficiaries on **IRA accounts**, please call 800-633-2848 to request an **IRA Designation of Beneficiary** form.

Member Name (print) \_\_\_\_\_ Account # \_\_\_\_\_

### Primary Beneficiar(y)(ies)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name (1) _____ %</td> </tr> <tr> <td colspan="3">SS# _____</td> </tr> <tr> <td style="width: 20%;">Birthdate</td> <td colspan="2">Relationship</td> </tr> <tr> <td colspan="3">Address _____</td> </tr> <tr> <td style="width: 20%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> </tr> <tr> <td colspan="3">Phone _____</td> </tr> </table>	Name (1) _____ %			SS# _____			Birthdate	Relationship		Address _____			City	State	Zip	Phone _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name (2) _____ %</td> </tr> <tr> <td colspan="3">SS# _____</td> </tr> <tr> <td style="width: 20%;">Birthdate</td> <td colspan="2">Relationship</td> </tr> <tr> <td colspan="3">Address _____</td> </tr> <tr> <td style="width: 20%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip</td> </tr> <tr> <td colspan="3">Phone _____</td> </tr> </table>	Name (2) _____ %			SS# _____			Birthdate	Relationship		Address _____			City	State	Zip	Phone _____		
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### Contingency Beneficiar(y)(ies)

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Mail to: NGFCU, Box 47009, Gardena, CA 90247-6809 or Fax to: 310-808-9697

This form and any attachments supercede all previous beneficiary designations for the above specified account.

Signature _____	Date _____	SS# _____
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