Beneficiary Designation

Wings Credit Union

Complete this form to add, update or remove beneficiaries on existing personal accounts. The primary member MUST sign this form. An attorney-in-fact (Power of Attorney) may not sign for the Primary Member. **Do not use this form** for Trust, Business, Estate, IRA, Custodial, Benefit, Guardianship, Conservatorship, Personal Representative or Federal Fiduciary accounts.

Account Information

_____ _____ _____
Primary Member Name   U.S. Tax Identification Number   Wings ID

Intent of Application

☐ **Add/Update Beneficiaries –** This form supersedes any previous designations.

☐ **Remove All Beneficiaries –** I elect to have no beneficiaries listed for the accounts specified. By checking this box, I understand that this form supersedes all previous designations and any beneficiaries previously listed will be removed.

Update the Following Accounts

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

Payable Upon Death Designation of Beneficiary

The below named person(s) is/are designated as the beneficiary(ies) on all accounts listed on this application.

Beneficiary #1

_____   _____
Beneficiary #1 Name   Wings ID

_____ _____ _____
Relationship to Member   U.S. Tax Identification Number   Date of Birth

Beneficiary #2

_____   _____
Beneficiary #2 Name   Wings ID

_____ _____ _____
Relationship to Member   U.S. Tax Identification Number   Date of Birth

Beneficiary #3

_____   _____
Beneficiary #3 Name   Wings ID

_____ _____ _____
Relationship to Member   U.S. Tax Identification Number   Date of Birth

Beneficiary #4

_____   _____
Beneficiary #4 Name   Wings ID

_____ _____ _____
Relationship to Member   U.S. Tax Identification Number   Date of Birth

Beneficiary #5

Beneficiary #5 Name

Wings ID

Relationship to Member

U.S. Tax Identification Number

Date of Birth

Signature(s)

If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA and WI) and designate a beneficiary other that your spouse, your spouse must consent to the designation by signing:

Signature of Spouse *(if required)*

Date

Signature of Primary Member

Date

CU Use Only:

Teller #

Date