



ACCOUNT # \_\_\_\_\_

**ACCOUNT BENEFICIARY FORM [DESIGNATION / UPDATE]**

This form will supersede any previous beneficiary designation you may have on record with ActorsFCU for the disposition of your ActorsFCU accounts. This form is not accepted for any IRA; please complete the IRA Beneficiary form.

- Please print clearly in blue or black ink only; NO whiteout or uninitiated changes/corrections.
- Complete all the information requested [being thorough will help us locate your beneficiary(ies) when necessary].
- Beneficiaries may be an individual(s) or a Trust. ActorsFCU does not offer contingent beneficiaries.

**ACCOUNT INFORMATION**

**Account Owners own account in equal parts. Beneficiaries do not become effective until ALL account owners have expired.**

_____	_____
Primary Owner Complete Legal Name	Co-Owner 1 Complete Legal Name
_____	_____
Co-Owner 2 Complete Legal Name	Co-Owner 3 Complete Legal Name

**BENEFICIARY # 1**

_____	_____	_____
First, Middle, and Last Legal Name OR Trust Name	Social Security Number, TIN OR EIN	Date of Birth (for Individuals)
_____	_____	_____
Physical Address (Include Unit # – P.O. Box NOT accepted)	City	State
_____	_____	_____
Contact Phone Number	Percentage	Relationship to Account Owner # _____

**BENEFICIARY # 2**

_____	_____	_____
First, Middle, and Last Legal Name OR Trust Name	Social Security Number, TIN OR EIN	Date of Birth (for Individuals)
_____	_____	_____
Physical Address (Include Unit # – P.O. Box NOT accepted)	City	State
_____	_____	_____
Contact Phone Number	Percentage	Relationship to Account Owner # _____

**BENEFICIARY # 3**

_____	_____	_____
First, Middle, and Last Legal Name OR Trust Name	Social Security Number, TIN OR EIN	Date of Birth (for Individuals)
_____	_____	_____
Physical Address (Include Unit # – P.O. Box NOT accepted)	City	State
_____	_____	_____
Contact Phone Number	Percentage	Relationship to Account Owner # _____

**Note: If you have more than three (3) beneficiaries, you may submit additional account beneficiary forms**

**SIGNATURES**

The undersigned agree to the terms stated on this form as a designation/update to the Account Agreement governing the account referenced above, and also agree to the beneficiary(ies) designation/update indicated. The undersigned also agree to the terms stated in the separate Account Agreement and Disclosures and Fee Schedule, and acknowledge their receipt.

<b>X</b> _____	_____	<b>X</b> _____	_____
Primary Owner	Date	Co-Owner 1	Date
<b>X</b> _____	_____	<b>X</b> _____	_____
Co-Owner 2	Date	Co-Owner 3	Date

**CREDIT UNION USE ONLY**

Delivered:  In Person  By Mail  By Email  By Fax Page \_\_\_ of \_\_\_ Received Date: \_\_\_\_\_ Processed By (Teller Stamp): \_\_\_\_\_