



BENEFICIARY DESIGNATION For payable on Death Account

M _____
A _____
P _____

Account Owner Name (First, MI, Last) _____

Account Number(s) _____

Daytime Phone Number _____

The undersigned, a member of GTE Federal Credit Union DBA GTE Financial, hereby establishes this account(s) for the designated beneficiary / beneficiaries in equal shares. This document supersedes any prior beneficiary designations or payable-on-death designations.

PRIMARY BENEFICIARY DESIGNATION

Name _____ Name _____

Date of Birth _____ Date of Birth _____

SSN _____ SSN _____

Relationship _____ Relationship _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

(If designating more than two beneficiaries, please complete additional forms as necessary.)

CONTINGENT BENEFICIARY DESIGNATION

Name _____ Name _____

Date of Birth _____ Date of Birth _____

SSN _____ SSN _____

Relationship _____ Relationship _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

GTE Financial members have rights of survivorship on each account. Upon death of all account holders, the full amount then standing to the credit of this account shall be payable to the designated beneficiary or beneficiaries, excluding the security interests for all amounts owed to the credit union under the terms and agreements of the account. GTE Financial shall be exempt from all liability for payment to beneficiary or beneficiaries of any sums from this account upon proof of death of all account holders.

Account Owner Signature _____ Date: _____

(If mailing form, please include a current copy of your photo ID for processing purposes.)

Employee Witness Signature _____ Date: _____

CFC/Department _____ Date Received: _____

