



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 your **Membership Savings account, suffix 00**.
If you have more than one account, please indicate below which accounts this designation is applicable.

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		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Permanent Resident	
				<input type="checkbox"/> Non-Resident Alien	

2. _____

↑ Full Name		<input type="checkbox"/> 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		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Non-Resident Alien	

3. _____

↑ Full Name		<input type="checkbox"/> 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		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Non-Resident Alien	

4. _____

↑ Full Name		<input type="checkbox"/> 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		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> 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