

## **ADDITION OF BENEFICIARY**

		o add the following person(s) as a	
beneficiary(ies) to my account	with United Local Cred	dit Union. Account Number	
Name	Date of Birth	Soc Sec Number	
DL Number	Address		_
Phone Number			-
Name		Soc Sec Number	
DL Number	Address		_
Phone Number	Relationship		-
Name	Date of Birth	Soc Sec Number	-
DL Number	Address		_
Phone Number	Relationship		-
Name		Soc Sec Number	
DL Number	Address		_
Phone Number	Relationship		_
Signature		Date	_
		ween all beneficiaries listed**	
For Office Use C	nly		
OFAC Pass	Fail	Completed By	
Date			