



ADDITION OF BENEFICIARY

I _____ would like to add the following person(s) as a beneficiary(ies) to my account with United Local Credit Union. Account Number _____.

Name _____ Date of Birth _____ Soc Sec Number _____

DL Number _____ Address _____

Phone Number _____ Relationship _____

Name _____ Date of Birth _____ Soc Sec Number _____

DL Number _____ Address _____

Phone Number _____ Relationship _____

Name _____ Date of Birth _____ Soc Sec Number _____

DL Number _____ Address _____

Phone Number _____ Relationship _____

Name _____ Date of Birth _____ Soc Sec Number _____

DL Number _____ Address _____

Phone Number _____ Relationship _____

Signature _____ Date _____

****All funds will be divided equally between all beneficiaries listed****

For Office Use Only

OFAC Pass _____ Fail _____ Completed By _____

Date _____