



**Beneficiary Add/Delete Form**

Please print clearly in black ink only and initial any changes to this form. This form is not accepted for IRA, Coverdell Education Savings Accounts (ESA), IRA Certificates and Coverdell ESA Certificates.

**Account Owner Information**

Name

Account Number

**Add Beneficiary(ies) To My Account**

This form will supersede any previous beneficiary designation you may have on record with VCCFCU and any accommodations you have made in your Will for the disposition of your VCCFCU accounts.

Beneficiaries may be an individual or a Trust. Neither the primary owner nor a Joint Owner(s) can be designated as beneficiaries on the same Share. VCCFCU does not offer contingent beneficiaries.

ACCOUNT TYPE:  All Shares  Certificate

BENEFICIARY #1

Full Name

Street Address (include unit # – P.O. Box not accepted)

City, State Zip Code

Social security number

Date of Birth

Proportion %

BENEFICIARY #2

Full Name

Street Address (include unit # – P.O. Box not accepted)

City, State Zip Code

Social security number

Date of Birth

Proportion %

### BENEFICIARY #3

Full Name

Street Address (include unit # – P.O. Box not accepted)

City, State Zip Code

Social security number

Date of Birth

Proportion %

Proportions combined must total 100%. If not indicated, funds will be distributed equally. **Note:** If you have more than three beneficiaries, you may obtain additional beneficiary add/delete forms by calling 718-549-5858.

### Delete Existing Beneficiary(ies) From My Account

Please check accounts from which you wish to delete beneficiary(ies).

ACCOUNT TYPE:  All Shares  Certificate

BENEFICIARY NAME(S)

Full Name

Full Name

Full Name

### Signature (Required)

I, the undersigned, agree to the terms stated on this form, as an amendment to the account agreement governing the savings, supplemental savings or share Certificate account and also agree to the beneficiary(ies) changes indicated. The undersigned also agrees to the terms stated in the separate Account Agreement and Disclosures booklet and Fee Schedule and acknowledge their receipt.

Account Owner Signature (required)

Date

Must be same person as in step 1.

FOR OFFICE USE ONLY:

Teller ID \_\_\_\_\_ Date \_\_\_\_\_