

**Use**  
 This form is to be used only when designating "Pay-on-Death" beneficiaries.  
  
 This form cannot be used to designate beneficiaries on IRAs, HSAs, or Trust Accounts.

**Instructions**  
 Once completed, submit this form to one of the following:  
 In Person: Any Patelco Credit Union branch ([patelco.org/locations](http://patelco.org/locations))  
 By Mail: PO Box 2227, Merced, CA 95344  
 Online: Use: Message Center, select "Other Questions" as subject  
 For assistance, please call 800.358.8228 or visit your local branch

This account or certificate is owned by the named member. Upon the death of the named member, proceeds of this account pass to the named Pay-on-Death beneficiary(ies).

If this account is held in joint tenancy with multiple owners, in the event of death of any named owner, ownership passes to the surviving owner(s). Upon the death of all of the owners, the proceeds of this account pass to the named Pay-on-Death beneficiary(ies).

<b>Name on Account</b>		<b>Member Number</b>
This designation applies to:	Entire account relationship (excluding any IRA accounts) Only the following specified suffixes: _____	

**The following pieces of beneficiary information MUST be provided. Leaving any field blank will delay processing this form.**

<b>Name of Beneficiary:</b> _____	SSN: _____
Full Address: _____	Phone: _____
Date of Birth: _____	ID # (if applicable): _____
Relationship: _____	Share: _____ %
<b>Name of Beneficiary:</b> _____	SSN: _____
Full Address: _____	Phone: _____
Date of Birth: _____	ID # (if applicable): _____
Relationship: _____	Share: _____ %
<b>Name of Beneficiary:</b> _____	SSN: _____
Full Address: _____	Phone: _____
Date of Birth: _____	ID # (if applicable): _____
Relationship: _____	Share: _____ %
	<b>TOTAL</b> _____ %

**(Unless you indicate otherwise, funds will be paid to beneficiaries in equal shares).**

Member Signature _____	Contact Phone _____	Date _____
------------------------	---------------------	------------

Joint Owner Name _____	Signature _____	Contact Phone _____	Date _____
------------------------	-----------------	---------------------	------------

**(This form supersedes any previously completed beneficiary form).**