



BENEFICIARY ATTACHMENT TO BTCU MEMBERSHIP APPLICATION

Please select one. Addition to existing list Replacement of all earlier lists.

The following are beneficiaries for Member Name and Member Name

Account No. including checking, share savings and share certificate sub-accounts under this account.

Pay on death of account owner or if joint account, pay on death of all owners and divide equally to:

NAME & ADDRESS

SOCIAL SECURITY NO.

DATE OF BIRTH

1.	Name <input type="text"/>	SSN <input type="text"/>	Date of Birth <input type="text"/>
	Home Address <input type="text"/>		Home Ph <input type="text"/>
2.	Name <input type="text"/>	SSN <input type="text"/>	Date of Birth <input type="text"/>
	Home Address <input type="text"/>		Home Ph <input type="text"/>
3.	Name <input type="text"/>	SSN <input type="text"/>	Date of Birth <input type="text"/>
	Home Address <input type="text"/>		Home Ph <input type="text"/>
4.	Name <input type="text"/>	SSN <input type="text"/>	Date of Birth <input type="text"/>
	Home Address <input type="text"/>		Home Ph <input type="text"/>
5.	Name <input type="text"/>	SSN <input type="text"/>	Date of Birth <input type="text"/>
	Home Address <input type="text"/>		Home Ph <input type="text"/>

MEMBER NAME (PRINT)	<input type="text"/>	MEMBER SIGNATURE	<input type="text"/>	Date	<input type="text"/>
JOINT MEMBER NAME (PRINT)	<input type="text"/>	JOINT MEMBER SIGNATURE	<input type="text"/>	Date	<input type="text"/>
BTCU REP NAME (PRINT)	<input type="text"/>	BTCU REP SIGNATURE	<input type="text"/>	Date	<input type="text"/>

FOR OFFICE USE ONLY

Received by Employee: DATE IN PERSON BY MAIL

Member ID / Signature Verified Updated in GOLD (Tool #20)