



BENEFICIARY DESIGNATION FORM

USE THIS APPLICATION TO ESTABLISH, UPDATE, OR REMOVE A BENEFICIARY FROM AN ACCOUNT (EXCLUDING IRAS). FOR THIS REQUEST TO BE EFFECTIVE, ALL ACCOUNT HOLDERS ARE REQUIRED TO SIGN THIS FORM.

Member/Owner Information			
Member/Owner Name:		Account No.:	
SSN/ITIN:	DOB:		
Email:	Phone:		
Joint/Owner Name (if applicable):			
SSN/ITIN:	DOB:		
Email:	Phone:		
Beneficiary Designation			
<p>This form replaces all prior beneficiary designations on file with Golden 1 for this account. It applies to all existing and future accounts under the same overall membership number, except for Individual Retirement Accounts (IRAs), for which a separate IRA beneficiary designation form is required.</p> <p>By completing this form, you cancel and revoke all previous beneficiary designations for this account and designate the beneficiary(s) identified below as the one(s) to whom this account (including future accounts under this same membership number) will be payable after the death of all account owners.</p> <p>If more than one beneficiary is named, the beneficiaries shall share equally unless a different percentage is listed below. You are responsible for properly designating the percentage shares so that they equal 100%. If there is a discrepancy and the total does not equal 100%, you agree that the beneficiaries shall share equally. If a beneficiary dies before the last surviving account owner, the share that beneficiary would have received will be payable to those beneficiaries who are alive when the last surviving account owner dies. A contingent beneficiary will only receive funds if all primary beneficiaries are deceased. If all beneficiaries die before the last surviving account owner, or if you do not designate any beneficiaries, the funds will be payable to the estate of the last surviving owner upon their death.</p>			
<input type="checkbox"/> Check this box if you wish to revoke all prior beneficiary designations for this account without designating a new beneficiary. DO NOT COMPLETE THE BENEFICIARY SECTION IF THIS BOX IS CHECKED.			
Beneficiary 1		Beneficiary 2 <input type="checkbox"/> Contingent (Optional)	
Name:		Name:	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Email:		Email:	
Phone Number:		Phone Number:	
Relationship:		Relationship:	
Percentage Share %:		Percentage Share %:	
Physical Address:		Physical Address:	
City, State, Zip:		City, State, Zip:	
Beneficiary 3 <input type="checkbox"/> Contingent (Optional)		Beneficiary 4 <input type="checkbox"/> Contingent (Optional)	
Name:		Name:	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Email:		Email:	
Phone Number:		Phone Number:	
Relationship:		Relationship:	
Percentage Share %:		Percentage Share %:	
Physical Address:		Physical Address:	
City, State, Zip:		City, State, Zip:	
Agreement and Signature <i>(must be signed by all account owners)</i>			
I/We certify under penalty of perjury that the foregoing information is true and correct.			
Member/Owner Signature:			Date:
Joint/Owner Signature:			Date:
For Credit Union Use Only			
Branch / Teller #	Approved By:		Date:
Audit Teller #	Reviewed/Audited By:		Date: