



Beneficiary Form

Account Number: _____

St. Joseph's Hospital Federal Credit Union ("Credit Union") is hereby authorized to recognize the signature subscribed hereto as Owner(s), in the payment of funds or the transaction of any business for the above account only. The Owner(s) hereby agree(s) that all sums now paid in on the account, are and shall be owned by the Owner(s) during his/her lifetime. Upon the death of the Owner(s), these funds shall be owned by the Beneficiaries in the percentages listed below. The Owner(s) and the Beneficiaries agree that all of said sums shall be subject to the withdrawal or receipt of only the Owner(s) during his/her lifetime, and payment only to the Owner(s) during his/her lifetime shall be valid; provided, however, that, upon the death of the Owner(s), payment to any Beneficiary shall be valid and discharge said Credit Union from any liability for such payment.

Name _____
Relation _____
Address _____
Address 2 _____
Phone _____
Social _____
DOB _____
Trailer or % _____

Name _____
Relation _____
Address _____
Address 2 _____
Phone _____
Social _____
DOB _____
Trailer or % _____

Name _____
Relation _____
Address _____
Address 2 _____
Phone _____
Social _____
DOB _____
Trailer or % _____

Name _____
Relation _____
Address _____
Address 2 _____
Phone _____
Social _____
DOB _____
Trailer or % _____

The Owner(s) may revoke this account agreement and remove from ownership in the account any or all Beneficiaries. The Beneficiary so removed from this account shall have no interest, rights or privileges in and to the account or assets thereof. To be binding on the Credit Union, such revocation must be in writing and in a form acceptable to the Credit Union. Should any Beneficiary predecease the Owners, all rights and privileges of the deceased Beneficiary in this account shall terminate and the deceased Beneficiary's interest in the account shall be divided equally among the remaining Beneficiaries

Signature

Date