



ADD/CHANGE BENEFICIARY

PO Box 8007, Redwood City, CA 94063-0903 (800) 632-4600 (650) 508-0619 fax providentcu.org

Initial Designation Update Information Additional Beneficiaries Membership # _____

This beneficiary designation pertains to my entire membership, or the accounts described below:

Pertains to **all accounts** (sub-accounts) under the above membership number.

Pertains only to **the following account numbers:** _____, _____, _____, _____

Note: If you want different beneficiaries for other sub accounts, you must fill out a separate Add/Change Beneficiary form for each.

_____	_____	_____	_____
↑ Account Owner First Name	M.I.	Last Name	Email Address
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
(Area Code) Home Phone	(Area Code) Work Phone	(Area Code) Cell Phone	

BENEFICIARY DESIGNATION

The following beneficiary(ies) is/are to receive the proceeds of each account stated above in the event of death of all account owners. Unless otherwise stated, each beneficiary will receive equal shares. The designation percent must add up to 100%.

1. _____

↑ Full Name	Relationship	Designation %
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Home Phone	Work Phone	Cell Phone
_____	_____	_____
Social Security Number	Birth Date	ID/Driver License Number
_____	_____	_____
Email Address	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident
		<input type="checkbox"/> Non-Resident Alien

2. _____

↑ Full Name	<input type="checkbox"/> Check If Contingent*	Relationship	Designation %
_____		_____	_____
Address		City	State Zip
_____		_____	_____
Home Phone	Work Phone	Cell Phone	Mother's Maiden Name
_____	_____	_____	_____
Social Security Number	Birth Date	ID/Driver License Number	State
_____	_____	_____	_____
Email Address	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-Resident Alien

3. _____

↑ Full Name	<input type="checkbox"/> Check If Contingent*	Relationship	Designation %
_____		_____	_____
Address		City	State Zip
_____		_____	_____
Home Phone	Work Phone	Cell Phone	Mother's Maiden Name
_____	_____	_____	_____
Social Security Number	Birth Date	ID/Driver License Number	State
_____	_____	_____	_____
Email Address	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-Resident Alien

4. _____

↑ Full Name	<input type="checkbox"/> Check If Contingent*	Relationship	Designation %
_____		_____	_____
Address		City	State Zip
_____		_____	_____
Home Phone	Work Phone	Cell Phone	Mother's Maiden Name
_____	_____	_____	_____
Social Security Number	Birth Date	ID/Driver License Number	State
_____	_____	_____	_____
Email Address	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-Resident Alien

* The funds will go to these beneficiaries if ALL primary beneficiaries predeceased ALL account owners. The total percentage must equal 100% between all contingent beneficiaries. By signing below I, the primary account owner, authorize the beneficiary(ies) detailed above to be assigned to the account(s) requested within the membership number, also detailed above.

X _____
Signature Date