Designation of Beneficiary Form
Savings, Checking, Certificate of Deposit & Money Market Accounts

Delta Community CREDIT UNION

Form Instructions:	4 — Print and mail the completed form to:
1 — Complete all applicable areas on printed form	Delta Community Credit Union,
2 — Print completed form	ATTN: Deposit Services
3 — Signature(s) and date required	P.O. Box 20541, Atlanta, GA 30320-2541
	or fax to 404-677-4802

_____
Last Name

_____
First Name

_____
Member Number

_____
Social Security Number

_____
Phone Number

Payable on Death Beneficiary Information (Beneficiary cannot be a Joint Owner) This account shall be a Payable on Death account as defined in Article 8 of the Financial Institutions Code of Georgia. Upon the death of the last owner, this account shall be payable to the designated Beneficiary Payee(s). A Social Security number and date of birth is required for all beneficiaries, so that we may identify beneficiaries upon disbursement of funds. If more than one beneficiary is named, all surviving beneficiaries will receive an equal share. Owners of family trusts may designate the Successor Trustee of the trust as a beneficiary payee, provided such trustee is an individual and not a Primary or Joint Owner of the account. When adding a Trust as Payable on Death Beneficiary, you will need to provide the full name of the Trust and the date it was established. For business accounts, Payable on Death designations are only allowed on sole proprietorships accounts. They are not allowed on partnerships, LLC's or corporations.

Check one of the following and complete a section for each beneficiary.

I am designating a new beneficiary(ies). The new beneficiary(ies) will replace existing beneficiary(ies).
I am adding beneficiary(ies). Please list both new and existing beneficiaries below.
I am deleting beneficiary(ies). Please specify the beneficiary name(s) you wish to delete below.

Beneficiary

Name _____   _____   _____
     First   Middle   Last

Social Security Number _____   Date of Birth _____

☐ Checking Account # _____
☐ Savings Account # _____
☐ Additional Savings Account # _____

☐ Certificate of Deposit Account # _____
☐ Money Market Account # _____

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Beneficiary

Name _____ _____ _____
First   Middle   Last

Social Security Number _____ Date of Birth _____

- [ ] Checking Account # _____
- [ ] Savings Account # _____
- [ ] Additional Savings Account # _____

- [ ] Certificate of Deposit Account # _____
- [ ] Money Market Account # _____

Beneficiary

Name _____ _____ _____
First   Middle   Last

Social Security Number _____ Date of Birth _____

- [ ] Checking Account # _____
- [ ] Savings Account # _____
- [ ] Additional Savings Account # _____

- [ ] Certificate of Deposit Account # _____
- [ ] Money Market Account # _____

_____   _____   _____   _____
Signature of Primary Account Owner   Date   Signature of Joint Owner   Date

_____   _____
Signature of Joint Owner   Date

_____   _____
Signature of Joint Owner   Date