



BENEFICIARY ADD ON CARD

Member Name/Member Number: _____

Account Number(s)

Primary Contingent

Beneficiary Name _____

Address/Phone _____

Occupation _____

Date of Birth _____

SSN/TIN* _____

Primary Owner Signature _____ Date _____

Joint Owner 1 Signature _____ Date _____

Joint Owner 2 Signature _____ Date _____

*Taxpayer Identification Number

Beneficiary Information and Provisions

Upon the death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) who are alive at the time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining balance together with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

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734.761.7505

BRIGHTON
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810.494.6000

ROYAL OAK
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MACOMB
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Macomb, MI 48044
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