

Add Beneficiary Instructions

Thank you for your request to add a beneficiary(s) to your account. Please complete the attached Beneficiary Form (be sure you sign the form) and drop it off at a branch or mail it to:

Eagle Community Credit Union PO Box 5196 Lake Forest, CA 92609-8696

We will add the beneficiary(s) once we receive the form.

If you have any questions, please call our Member Service Center at (949) 588-9400 or (800) EAGLE CU. You can also reach us by e-mail through your secure eMailBox in Online Banking or by visiting any Eagle CU branch.

Thank you for your membership, and we look forward to providing you with a lifetime of financial service.

Sincerely,

Member Services



EAGLE COMMUNITY CREDIT UNION

23021 Lake Center Drive • Lake Forest, CA 92630 (949) 588-9400 or (800) EAGLE CU • www.eaglecu.org Fax (949) 639-7998

PAY-ON-DEATH (P.O.D.) BENEFICIARY DESIGNATION

- Do not use this form for IRA/ESA/Trust accounts. Complete an IRA/ESA Beneficiary Designation Form for IRA/ESA accounts.
 Complete a new Trust Account Agreement and Certification of Trust for Trust accounts.
- Unless otherwise designated, all beneficiaries will receive equal portions of ALL FUNDS ON DEPOSIT excluding IRA/ESA/Trust accounts within this membership. This would include all shares/certificates opened in the future.
- This form supersedes any terms in your will concerning the accounts in question.
- This form supersedes any beneficiary information previously on file. Be sure this form includes ALL beneficiaries you want on this account.
- You can change beneficiary anytime by completing a new Pay-On-Death (P.O.D.) Beneficiary Designation Form.
- Need Help? Call our Member Service Center at (949) 588-9400.

MEMBER/ACCOUNT INFORMATION						
Member Number Print Member Name						
PRIMARY BENEFICIARY The interest of any beneficiary that predeceases me terminates completely. Funds will be disbursed equally among surviving primary beneficiaries. *Use individual share designation for each beneficiary only if you do not wish for all beneficiaries to receive equal portions of all funds on deposit. This will require a new P.O.D. form when opening new shares/certificates, or when changing the terms of existing certificates.						
			Individual Share Designation*			
First Name	M.I. Last Name	Suffix	Savings Checking Money Market			
SSN	Date of Birth	Relationship to Member	Certificate			
First Name	//	Suffix	Savings ——— ————————————————————————————————			
SSN	Date of Birth	Relationship to Member	Certificate			
First Name	M.I. Last Name	Suffix	Savings Checking Money Market			
SSN	Date of Birth	Relationship to Member	Certificate			
First Name	M.I. Last Name	Suffix	Savings Checking Money Market			
SSN	Date of Birth	Relationship to Member	Certificate			
First Name	/	Suffix	Savings Checking Money Market			
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CONTINGENT BENEFICIARY on Page 2 (Page 1of 2)

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Date of Birth Relationship to Member Certificate	First Name	M.I. Last Name	/Suffix	Checking
ACKNOWLEDGMENT	SSN		Relationship to Member	
 Affirm that the beneficiary designation provided on this form replaces any prior beneficiary designation on record. Acknowledge that all beneficiaries will receive equal portions of the funds on deposit; or if you designated individual shares, all beneficiar equal portions of the funds of the designated shares. 	Affirm that the benefiAcknowledge that all I	iciary designation provided on this form replaces beneficiaries will receive equal portions of the fu	s any prior beneficiary designation on	