Van Cortlandt
Cooperative Federal Credit Union

Beneficiary Add/Delete Form

Please print clearly in blue or black ink only and initial any changes to this form. This form is not accepted for IRAs, Coverdell Education Savings Accounts (ESAs), IRA Certificates, or Coverdell ESA Certificates.

Account Owner Information

_____

Name Account Number

Add Beneficiary(ies) To My Account

This form will supersede any previous beneficiary designation you may have on record with VCCFCU and any accommodations you have made in your Will for the disposition of your VCCFCU accounts.

Beneficiaries may be an individual or a Trust. If a joint account has rights of survivorship, neither the primary owner nor a Joint Owner(s) can be designated as beneficiaries on the same Share. VCCFCU does not offer contingent beneficiaries.

ACCOUNT TYPE: ☐ All Shares ☐ Certificate

BENEFICIARY #1

_____

Full Name

_____

Street Address (include unit # – P.O. Box not accepted)

_____

City, State Zip Code

_____ %

Social security number Date of Birth Proportion

BENEFICIARY #2

_____

Full Name

_____

Street Address (include unit # – P.O. Box not accepted)

_____

City, State Zip Code

_____ %

Social security number Date of Birth Proportion

BENEFICIARY #3

_____

Full Name

_____

Street Address (include unit # – P.O. Box not accepted)

_____

City, State Zip Code

_____ %

Social security number Date of Birth Proportion

Proportions combined must total 100%. If not indicated, funds will be distributed equally. **Note:** If you have more than three beneficiaries, you may obtain additional Beneficiary add/delete forms by calling 718-549-5858.

Delete Existing Beneficiary(ies) From My Account

Please check accounts from which you wish to delete Beneficiary (ies).

ACCOUNT TYPE: ☐ All Shares ☐ Certificate

BENEFICIARY NAME(S)

_____

Full Name

_____

Full Name

_____

Full Name

Signature (Required)

I, the undersigned, agree to the terms stated on this form, as an amendment to the account agreement governing the savings, supplemental savings or share Certificate account and also agree to the Beneficiary (ies) changes indicated. The undersigned also agrees to the terms stated in the separate Account Agreement and Disclosures booklet and Fee Schedule and acknowledge their receipt.

_____

Account Owner Signature (required) Date

Must be same person as in step 1.

FOR OFFICE USE ONLY:

Teller ID _____ Date_____