



DESIGNATION OF PRIMARY AND CONTINGENT BENEFICIARIES

Member Name

Member Number & Suffix

The undersigned member of Sun Credit Union designates the following as Primary Beneficiary (Beneficiaries) on said account:

Name: _____

Address: _____

Date of Birth: _____

Percent: _____

Social Security #: _____

Name: _____

Address: _____

Date of Birth: _____

Percent: _____

Social Security #: _____

The undersigned member of Sun Credit Union designates the following as Contingent Beneficiary (Beneficiaries) on said account.

If Primary and Contingent Beneficiaries are chosen, upon Member's death, the amount in the account shall be payable to the Principal Beneficiary if living, otherwise to the Contingent Beneficiary.

Name: _____

Address: _____

Date of Birth: _____

Percent: _____

Social Security #: _____

Name: _____

Address: _____

Date of Birth: _____

Percent: _____

Social Security #: _____
Date _____

Member Signature