



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 #: _____

Member Signature

Date