



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: _____ Relationship: _____

Name: _____ Address: _____

Date of Birth: _____

Percent: _____ Relationship: _____

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: _____ Relationship: _____

Name: _____ Address: _____

Date of Birth: _____

Percent: _____ Relationship: _____

Note: This form must be notarized if not signed in the presence of a Sun Credit Union employee.

Member Signature

Date