

## DESIGNATION OF BENEFICIARY

Savings, Checking, Term Deposits, and Money Market Accounts

Please complete all applicable fields. Signature and dates are required. This form does not include all IRA Beneficiaries.

### Primary Member Information

First Name

Last Name

Account Number

- If a named beneficiary does not survive the account owner(s), their share will be divided equally among the surviving beneficiaries.
- Each account suffix may have different beneficiaries.
- All prior beneficiary designations are now revoked.

I hereby release and hold harmless CASE Credit Union from all claims arising from its distribution of assets in accordance with the terms of this Beneficiary Designation form. By signing this form, you agree to the terms of this Beneficiary Designation form.

Member Signature

Date

#### Beneficiary A

Name

SSN

- ☐ Savings ☐ Checking ☐ Additional Savings
- ☐ Money Market Account ☐ All Suffixes
- ☐ Term Deposit, Suffix # \_\_\_\_\_

#### Beneficiary B

Name

SSN

- ☐ Savings ☐ Checking ☐ Additional Savings
- ☐ Money Market Account ☐ All Suffixes
- ☐ Term Deposit, Suffix # \_\_\_\_\_

#### Beneficiary C

Name

SSN

- ☐ Savings ☐ Checking ☐ Additional Savings
- ☐ Money Market Account ☐ All Suffixes
- ☐ Term Deposit, Suffix # \_\_\_\_\_

#### Beneficiary D

Name

SSN

- ☐ Savings ☐ Checking ☐ Additional Savings
- ☐ Money Market Account ☐ All Suffixes
- ☐ Term Deposit, Suffix # \_\_\_\_\_

### RETURN YOUR COMPLETED BENEFICIARY DESIGNATION FORM TO CASE CU:

**Mail:** Account Specialist, CASE Credit Union, PO Box 22158, Lansing, MI 48910  
**In Person:** Bring your completed form to any of our branch locations  
**Fax:** 517.367.1074  
**Online:** [meridianmsr@CASECU.org](mailto:meridianmsr@CASECU.org)