

CHANGE BENEFICIARY FORM

Primary Member: (Last Name, First Name, Middle Initial): _____

Joint Owner: (Last Name, First Name, Middle Initial): _____

Account Number: _____

PAY ON DEATH BENEFICIARIES

When all owners of the account are deceased, the following persons are to receive any remaining funds in accounts established under this membership (other than IRA or fiduciary), subject to SafeAmerica's right to recover your obligations to the Credit Union. Funds will be disbursed in equal shares unless a different percentage is indicated. If you wish to list additional beneficiaries, please request an additional form.

Name:	Address:	Social Security Number:	Relationship to Member:	Percentage of Distribution %:

SafeAmerica Credit Union accounts are not federally insured or insured by any state government.

SafeAmerica Credit Union accounts are privately insured to \$500,000 per account by American Share Insurance, the nation's largest private share insurer.

X		X	
Primary Member Signature	Date	Joint Owner/Responsible Adult Signature (if applicable)	Date