



Catholic United Financial CREDIT UNION

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Saint Paul, MN 55126

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Toll-free: 877-871-8313

www.catholicunitedCU.org

BENEFICIARY DESIGNATION

Complete this form to add, update or remove beneficiaries on existing accounts. The primary member must sign this form.

EFFECTIVE DATE: _____ MEMBER NAME: _____ ACCT#: _____

Add/Update Beneficiaries – This form supersedes any previous designations.

Remove All Beneficiaries – I elect to have no beneficiaries listed for the account specified. By checking this box, I understand that this form supersedes all previous designations and any beneficiaries previously listed will be removed.

BENEFICIARY #1

SSN: _____ DATE OF BIRTH: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

BENEFICIARY #2

SSN: _____ DATE OF BIRTH: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

BENEFICIARY #3

SSN: _____ DATE OF BIRTH: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

MEMBER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: UPDATED BY: _____ DATE: _____

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