



**UNITED STATES
SENATE FEDERAL
CREDIT UNION**

**PAYABLE ON DEATH
DESIGNATION**

Member Name:	Account Number:	Share ID Number:
Address:	Daytime Telephone Number:	
City, State, Zip Code	E-mail Address:	

Payable On Death: You being all the owners of the Account identified herein do will and bequeath the property in the Account at the time of the death of the last surviving owner to the beneficiary named below (unless otherwise instructed, account proceeds will be evenly distributed to the beneficiary(ies):

Beneficiary: _____ SSN: _____

Address: _____ Percent Requested*: _____%

Telephone No.: _____

Beneficiary: _____ SSN: _____

Address: _____ Percent Requested*: _____%

Telephone No.: _____

Beneficiary: _____ SSN: _____

Address: _____ Percent Requested*: _____%

Telephone No.: _____

*Total of Percentages must equal 100%

Signed _____ Date _____ Signed _____ Date _____