

# Beneficiary Add/Change

## Pay-On-Death Beneficiary

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- This form cannot be used to designate beneficiaries on IRAs, HSAs, or Trust Accounts
- Once completed, submit this form to one of the following:

**In Person: Any First Northern Credit Union branch**

**By Mail: 230 W. Monroe, Ste. 2850, Chicago, IL 60606**

**By Fax: 312-332-3177 For assistance, please call 888-328-8677, x357**

- **Beneficiary's Information**

Upon death of the owner, or the last surviving owner if there is more than one, the funds covered by this agreement shall become property of the beneficiary(ies) listed below who are alive at that time. In addition, each such beneficiary shall have the power to withdraw only his or her equal share of the remaining account balance together with any accumulations on such amount. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.)

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**Name on Account**

**Member/Account Number**

I would like to:            **Add** \_\_\_\_\_            **Change** \_\_\_\_\_            the beneficiary on my account.

**Name of Beneficiary:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

- **Missing information may delay processing of this form**
- **This form supersedes any previously completed beneficiary form**

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**Member Signature**

**Date**

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**Address**

**Email**

**Phone**