

Beneficiary Form

Local Information

Home Local No# _____	Town & State _____	Ph# _____
Traveling out of Local No. _____	Town & State _____	Ph# _____

To utilize the credit union services you must be a sworn in member of a participating union. (Local 102, 9, 14, 351, 358, 400, 456, 322, 24, participating NJCF locals)

Individual Information

Name (last, first, middle) _____	Date _____ / _____ / _____		
Birth date _____ / _____ / _____	Home Telephone No. _____ (____) _____	Drivers' lic. No. _____	Social Security No (SSN) _____ - _____ - _____
Present Address (Street,) _____	City _____		
State _____ Zip _____	Do you Own <input type="checkbox"/> or rent <input type="checkbox"/> How Long _____	County _____	
Employer _____	Position/Title _____	How long _____	
Address (Street, City, State & Zip) _____	Telephone No _____ (____) _____		

Beneficiary Information (Payable on Death)

Designation of transfer on Death Beneficiary (ies): Name (Last, First, Middle) _____	SS# _____
1 _____	_____ - _____ - _____
2 _____	_____ - _____ - _____
Address (Street, City, State & Zip) _____	Phone No _____
1 _____	(____) _____
2 _____	(____) _____

If you wish to have more than two Beneficiaries Please check & Attach additional beneficiary information

Signature

Member's Signature and Certification **X** _____ Date _____ / _____ / _____

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