

Beneficiary Form

COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN WITH A CURRENT PHOTO ID

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. (Locals 102, 9, 4, 24, 351,274, 27, 25, 399, 400, 456, 475, 322, 313 (DE), NJ/NY Northeast region and Philadelphia Carpenters)

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 _____ / _____ / _____ |
|---|----------------------------|

Union Building Trades Federal Credit Union * PO Box 6270 * Parsippany, NJ 07054

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