

Designation / Change of Beneficiary



Member Information (please print)		
Member Name:	Member Number:	Phone Number:

In the event of my death, I, the undersigned, a member of San Francisco Fire Credit Union, hereby designate:

Primary Beneficiaries				
1 - Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
2 - Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
3 - Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	

Contingent Beneficiaries				
1 - Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
2 - Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	
3 - Beneficiary Name:	SSN:	DOB:	Relationship:	Share %:
Address:			Phone:	

As my beneficiary(ies) to receive any and all amounts paid into my individual credit unions savings account(s), certificate account(s) and checking account(s). Multiple beneficiaries with no share percentage indicated will be deemed to share equally.

Signature

Date

Please return to:
San Francisco Fire Credit Union
3201 California Street
San Francisco, CA 94118
Fax: (415) 674-4691

For Credit Union Use Only			
Received Date:	Teller ID:	Completed Date:	Manager Approval: