



In Trust For (ITF) Account Beneficiary Designation, Deletion, or Change

Account Number	Primary Owner Name
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This beneficiary designation overrides all previous designations for this account. Please complete this form if as if you were designating beneficiaries for the first time. Any beneficiary updates made on this form will apply to all existing savings, certificates, and checking subaccounts (with the exceptions of Individual Retirement Accounts and Health Savings Accounts) under this account number.

A Savings In Trust For (ITF) Account is a share account that is payable after death of the last account owner to one or more designated individuals or non-profit organizations. The owner(s) of the account has (have) complete control and ownership of the account during his or her (their) lifetime. The account beneficiary is not authorized to receive balance information, perform transactions, or receive any proceeds until the last account owner is deceased. Upon the death of the last account owner(s), funds in this account will be divided equally among all living beneficiaries or existing non-profit organizations. Contingent beneficiaries are not allowed with this type of account. In order for us to locate and identify your beneficiaries before distribution, it is necessary to collect the identifying information below.

Remove/delete ALL existing beneficiaries on this account. There will be no beneficiaries designated.

A. Beneficiaries

Name (First, MI, Last) or Name of Non-Profit Organization	
Date of Birth	Social Security No. or Organization's Tax ID No.
Mailing Address – Street or PO Box	City, State, Zip Code
Phone Number (with Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Owner's Relationship to Beneficiary (required for PA tax reporting)

Name (First, MI, Last) or Name of Non-Profit Organization	
Date of Birth	Social Security No. or Organization's Tax ID No.
Mailing Address – Street or PO Box	City, State, Zip Code
Phone Number (with Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Owner's Relationship to Beneficiary (required for PA tax reporting)

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Phone Number (with Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Owner's Relationship to Beneficiary (required for PA tax reporting)

B. Signatures – all current owners are required to sign.

Primary Member Signature (please sign in ink)	Date
First Joint Member Signature (please sign in ink)	Date
Second Joint Member Signature (please sign in ink)	Date

For additional beneficiaries, please complete an additional form and label accordingly: Page ____ of ____ dated ____/____/____.

Entered	UECU Use Only Date
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