

Member Information

Name _____ Acct # _____

Address _____

Social Security Number _____

POD Beneficiary All Accounts Designate Specific Account(s) _____

The Credit Union is hereby notified that my beneficiary shall be:

Beneficiary(ies) Information

Name _____

Address _____

Social Security Number _____

Name _____

Address _____

Social Security Number _____

If you would like to add more than two beneficiaries, either fill out a second form for additional beneficiaries or add the information to the back of this form.

If more than one beneficiary is named, your account balance, unless otherwise specified herein, will be paid in equal shares to the designated beneficiaries who survive the member. If no such beneficiary survives, payment of your account will be made to your estate.

Signature of Member _____

Date _____

Please complete and fax or mail the application to:

Dominion Energy Credit Union • One James River Plaza

PO Box 26646, Richmond, VA 23261-6646

Fax to 804.771.3768

Inter-office Mail

15th Floor, VA-OJRP