

Beneficiary Designation Form

This form is to be used to designate beneficiaries on your APCU account. **The most recently signed and dated designation form will control the account distribution.** Once this form has been completed and signed, you may return it to any APCU branch or mail it to: APCU, 3900 Crown Road, Atlanta, GA 30380. This form cannot be used to designate beneficiaries on IRAs.

Payable on Death Beneficiary Information (Beneficiary cannot be a Joint Owner) This account shall be a Payable on Death account as defined in Article 8 of the Financial Institutions Code of Georgia. Upon the death of the last owner, this account shall be payable to the designated Beneficiary Payee(s). If more than one beneficiary is named, all surviving beneficiaries will receive an equal share, unless a percentage designation is indicated below (must total 100%).

* Required information

Member Information:				
First Name*	MI	Last Name*	Suffix	Member No.

BENEFICIARY INFORMATION

Fill out the beneficiary information for each beneficiary below, then complete the **SHARE DESIGNATIONS** on the following page.

Beneficiary #1				
Last Name*	First Name*	Middle Initial	Suffix	
Mailing Address	City	State	Zip	
Social Security Number*	Phone Number	Date of Birth*		

Beneficiary #2				
Last Name*	First Name*	Middle Initial	Suffix	
Mailing Address	City	State	Zip	
Social Security Number*	Phone Number	Date of Birth*		

Beneficiary #3				
Last Name*	First Name*	Middle Initial	Suffix	
Mailing Address	City	State	Zip	
Social Security Number*	Phone Number	Date of Birth*		

Beneficiary #4				
Last Name*	First Name*	Middle Initial	Suffix	
Mailing Address	City	State	Zip	
Social Security Number*	Phone Number	Date of Birth*		

Beneficiary #5				
Last Name*	First Name*	Middle Initial	Suffix	
Mailing Address	City	State	Zip	
Social Security Number*	Phone Number	Date of Birth*		

SHARE DESIGNATIONS

Please select/check all intended beneficiaries for each share and include the percentage. Percentages not required when removing beneficiaries.

Share ID _____ Beneficiary 1 _____% Beneficiary 2 _____% Beneficiary 3 _____% Beneficiary 4 _____% Beneficiary 5 _____%

Share ID _____ Beneficiary 1 _____% Beneficiary 2 _____% Beneficiary 3 _____% Beneficiary 4 _____% Beneficiary 5 _____%

Share ID _____ Beneficiary 1 _____% Beneficiary 2 _____% Beneficiary 3 _____% Beneficiary 4 _____% Beneficiary 5 _____%

Share ID _____ Beneficiary 1 _____% Beneficiary 2 _____% Beneficiary 3 _____% Beneficiary 4 _____% Beneficiary 5 _____%

Share ID _____ Beneficiary 1 _____% Beneficiary 2 _____% Beneficiary 3 _____% Beneficiary 4 _____% Beneficiary 5 _____%

Please note: For joint accounts, the primary and joint owner(s) will need to sign this form. When removing a beneficiary, only the primary owner is required to sign.

I/we agree to the designations listed on this form.

Member's Signature	Date
Joint Owner's Signature	Date
Joint Owner's Signature	Date
Joint Owner's Signature	Date