

Member Information:

Beneficiary Designation Form

This form is to be used to designate beneficiaries on your APCU/Center Parc 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/Center Parc branch or mail it to: APCU/Center Parc, 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

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*									
D#0												
Beneficiary #3		F: (N +		Middle Initial	Suffix							
Last Name*		First Name*		Middle IIIIIai	Julia							
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*									
						LB 02/2023						

SHARE DESIGN Please select/che		neficiarie	s for each share a	and inclu	de the percentage	e. Percen	tages not required	d when removing beneficia	ries.	
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