

PENFED INDIVIDUAL RETIREMENT ARRANGEMENT (IRA) CREDIT UNION DESIGNATION OF BENEFICIARIES

Member Information (all fields must be provided even if the information is already on file) Member Name (First, MI, Last):			
Date of Birth (MM/DD/YYYY):	Phone Numb		
Primary Beneficiaries			
1. Beneficiary Name (First, MI, Last):			%:
Date of Birth (MM/DD/YYYY):	Full SSN:	Relationship:	
Physical Address:			
2. Beneficiary Name (First, MI, Last):			_ %:
Date of Birth (MM/DD/YYYY):	Full SSN:	Relationship:	
Physical Address:			
3. Beneficiary Name (First, MI, Last):			
Date of Birth (MM/DD/YYYY):	Full SSN:	Relationship:	
Physical Address:			
Contingent Beneficiaries (if any)			
Beneficiary Name (First, MI, Last):			_ %:
Date of Birth (MM/DD/YYYY):	Full SSN:	Relationship:	
Physical Address:			
2. Beneficiary Name (First, MI, Last):			
Date of Birth (MM/DD/YYYY):			
Physical Address:			
3. Beneficiary Name (First, MI, Last):			_ %:
Date of Birth (MM/DD/YYYY):	Full SSN:	Relationship:	
Physical Address:			
Spouse's signature required only if a benefit	ciary other than a spouse is	,	
named, and the spouse's signature is required by state law based on owner's		Signature of S	Spouro
		Signature of s	signature of spouse
If the percentages are not indicated, the name participant, the balance in the account is to be funds are payable to the estate of the IRA own all associated current and future certificates.	shared by the contingent beneficiar	ies in the ratios provided. If ber	neficiaries are not named,
☐ Check here for additional beneficiaries and	d include separate sheet.		
The above selections will not be effective until Changes of beneficiary(ies) must be provided		time all previous beneficiary de	esignations are rescinded.
X			
Member Signature		Date	