NBC (NY) EMPLOYEES FEDERAL CREDIT UNION

Member Beneficiary Designation/Change Form

Member(s)

Account No.	Name	Mailing Address	Birth Date	SSN

Primary Beneficiary (ies)

%	Name	Mailing Address	Relationship	Birth Date	SSN

_____ Column MUST total 100%

Secondary Beneficiary (ies)

%	Name	Mailing Address	Relationship	Birth Date	SSN

_____ Column MUST total 100%

This beneficiary designation overrides all previous designations of my/our account(s). In the event that any of the primary beneficiaries are deceased, their percentage would be distributed evenly to the remaining surviving primary beneficiaries. Secondary beneficiaries may only receive distribution in the event that all primary beneficiaries are deceased.

Signature	Date	Signature	Date