



8499 Tamarack Road  
 Woodbury, MN 55125-9201  
 (651) 770-7000 • (800) 247-0857  
 www.idealcu.com

**BENEFICIARY DESIGNATION**

**MEMBER INFORMATION**

Member/Owner Name	Member No.
Street	SSN/TIN <span style="float: right;">DOB</span>
City/State/Zip	ID Type <span style="float: right;">ID#</span>

**SECTION B – ACCOUNT INFORMATION**

Account number:	Account number:
Account number:	Account number:
Account number:	Account number:
Account number:	Account number:
Account number:	Account number:

**SECTION C – BENEFICIARY INFORMATION**

<b>Beneficiary Name</b>	SSN/TIN	DOB
Address	City	State ZIP
<b>Beneficiary Name</b>	SSN/TIN	DOB
Address	City	State ZIP
<b>Beneficiary Name</b>	SSN/TIN	DOB
Address	City	State ZIP
<b>Beneficiary Name</b>	SSN/TIN	DOB
Address	City	State ZIP
<b>Beneficiary Name</b>	SSN/TIN	DOB
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Address	City	State ZIP
<b>Beneficiary Name</b>	SSN/TIN	DOB
Address	City	State ZIP
<b>Beneficiary Name</b>	SSN/TIN	DOB
Address	City	State ZIP

**BENEFICIARY DESIGNATION TERMS AND CONDITIONS**

I designate that upon my death, the assets in this account be paid to the beneficiaries named above. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased equally.

If no beneficiaries are named, my estate will be my beneficiary.

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to Ideal Credit Union. Ideal Credit Union and or its representatives has provided no tax or legal advice to me regarding my beneficiary designations. I designate the persons or entities named above as my primary beneficiaries of the accounts in Section B.

I hereby revoke all prior beneficiary designations, if any, made by me or any additional owner(s) of the account(s) in Section B.

**SECTION E – CERTIFICATION AND SIGNATURE(S)**

I/We certify that the information on this form is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable. I/We agree that the above changes supersede all existing documents. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received a Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union may request a credit report to verify your identity in accordance with the USA Patriot Act. The credit union may report information about your account to credit bureaus. By submitting this application, you authorize the credit union to verify credit and employment history by any necessary means, including request of a credit report by a credit-reporting agency. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

The undersigned hold harmless and agree to indemnify the credit union for all costs, losses and expenses resulting from the removal of a Joint Owner from an account. If required by the credit union, removed Joint Owner(s) have signed below to show consent of their removal.

Member/Owner Signature	Date

**Sign above in the presence of a Notary Public**

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, \_\_\_\_\_ personally appeared before me, whose identity I proved on the basis of satisfactory evidence, to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

**S** \_\_\_\_\_  
**E** Notary Public  
**A**  
**L** My commission expires \_\_\_\_\_

**If mailing form, please send to: Ideal Credit Union, Attention: Contact Center, 8499 Tamarack Road, Woodbury MN 55125**