



Change of Beneficiary Form

*All requests require the birthdate *and* social security number of each beneficiary listed.

2027 E. Monument St.
Baltimore, MD 21205

ACCOUNT NUMBER:			
PRIMARY MEMBER'S NAME:			
PRIMARY MEMBER'S ADDRESS:			
JOINT OWNER 1'S NAME:			
JOINT OWNER 2'S NAME:			
PRIMARY TELEPHONE:	CELL TELEPHONE:	WORK TELEPHONE:	EXTENSION:

In the event of Your death, You, the undersigned, hereby designate the following Beneficiary(ies):

BENEFICIARY 1 NAME:	BIRTHDATE*:	SOCIAL SECURITY NUMBER*:	PERCENTAGE:
BENEFICIARY 2 NAME:	BIRTHDATE*:	SOCIAL SECURITY NUMBER*:	PERCENTAGE:
BENEFICIARY 3 NAME:	BIRTHDATE*:	SOCIAL SECURITY NUMBER*:	PERCENTAGE:
BENEFICIARY 4 NAME:	BIRTHDATE*:	SOCIAL SECURITY NUMBER*:	PERCENTAGE:
BENEFICIARY 5 NAME:	BIRTHDATE*:	SOCIAL SECURITY NUMBER*:	PERCENTAGE:

CONSENT OF SPOUSE (If you live in a community property state, are married, and indicate a beneficiary other than the spouse, please have the spouse sign below. Note: Maryland is not a community property state.)

NAME OF SPOUSE:	SIGNATURE OF SPOUSE:	DATE:

By signing this form, I agree to the terms and conditions set forth in my membership application agreement and understand this form will replace all previous beneficiary information.

MEMBER SIGNATURE:	DATE:

CREDIT UNION USE ONLY		
DATE RECEIVED:	TELLER ID:	EMPLOYEE NAME:
BENEFICIARY(IES) UPDATED:	DATE OF UPDATE:	NOTES: