



**THE TENNESSEE CREDIT UNION
BENEFICIARY DESIGNATION**

Member Name: _____ Account Number: _____

The Member and any other Owner(s) hereby instruct(s) the Tennessee Credit Union to pay any balances remaining in this account after the death of all Owner(s), to the following beneficiaries living at that time. Member and other Owner(s) agree on their own behalf and on the behalf of their heir, assigns, personal representatives and all other persons claiming through them, to indemnify and hold the Tennessee Credit Union harmless from all loss or damage by reason of such payment. Unless otherwise indicated, the beneficiary(ies) specified on this document will remain the same for all sub-accounts under this number.

BENEFICIARY: _____	
Social Security #: _____ - _____ - _____	Date of Birth: ____ / ____ / _____
Address: _____	City/State: _____
Phone Number: (_____) _____ - _____	
BENEFICIARY: _____	
Social Security #: _____ - _____ - _____	Date of Birth: ____ / ____ / _____
Address: _____	City/State: _____
Phone Number: (_____) _____ - _____	

Mbr Signature: _____ Today's Date: ____ / ____ / _____

Office Use Only- Employee Accepting Form		
Teller Number: _____	Signature: _____	Date: _____