



PAYABLE ON DEATH *(For Joint Membership)*

DESIGNATION OF BENEFICIARY FORM

Member Information *(please print legibly)*

Name _____ Last 4 of SSN _____

Name of Joint Account Holder _____ Last 4 of SSN _____

Account Number(s) _____

Service Address _____

City, State, Zip _____

Phone _____ Email _____

We, _____ / _____

designate the following as the beneficiary(ies) of our member credit account with Union Rural Electric Cooperative, Inc to be paid upon our death to:

Primary Designated Beneficiary*

**Additional beneficiaries may be added on the backside of this form. If more than one primary beneficiary is designated, they will inherit equally.*

Full Name or Trust Name _____

Address _____ City, State, Zip _____

Phone _____ Relationship _____ Last 4 of SSN _____

Union Rural Electric Cooperative, Inc (URE) is authorized to register ownership of our member credit account with URE in our name and pay on death in accordance with the policies of the Cooperative to the primary beneficiary(ies) named herein or to the contingent beneficiary(ies) should all of the primary beneficiaries predecease us. This designation remains in effect until amended or revoked by us via written instructions to do so.

Member Signature

Date

Member Signature (Joint Member)

Date

For Office Use Only: Member Number _____ Scanned to Account on (date) _____



(Cont.) Additional Designated Beneficiary(ies)

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Relationship _____ Last 4 of SSN _____

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Relationship _____ Last 4 of SSN _____

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Relationship _____ Last 4 of SSN _____

Contigent Designated Beneficiary(ies)

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Relationship _____ Last 4 of SSN _____

Full Name _____

Address _____ City, State, Zip _____

Phone _____ Relationship _____ Last 4 of SSN _____