



PAYABLE ON DEATH *(For Single Membership)*

DESIGNATION OF BENEFICIARY FORM

Member Information *(please print legibly)*

Name _____ Last 4 of SSN _____

Account Number(s) _____

Service Address _____

City, State, Zip _____

Phone _____ Email _____

I, _____
designate the following as the beneficiary(ies) of my member credit account with Union Rural Electric Cooperative, Inc to be paid upon my 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 my member credit account with URE in my 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 me. This designation remains in effect until amended or revoked by me via written instructions to do so.

Member Signature

Date

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



(Cont.) Additional Primary 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 _____

Contingent 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 _____