

# Member Beneficiary Update Form

<b>BCU Member Account No.</b>		<b>Date</b>	
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## Member Details

<b>Member Name</b>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Date of Birth</b>		<b>Marital Status</b>	
<b>ID / Licence / Passport No.</b>		<b>Type (State whether ID/licence/passport)</b>	
<b>Address</b>			
<b>Parish</b>		<b>Zip Code</b>	<b>Country</b>
<b>Phone</b>	<i>Main</i>	<i>Work</i>	<i>Cell</i>
<b>Email</b>		<b>Nationality</b>	

## Primary Beneficiary Designation

I hereby designate the following individual(s) as my primary beneficiary(ies) to receive the benefits under my account in the event of my death.

**Important:** If there is more than one Primary Beneficiary, the total allocation must add up to 100%.

Primary Beneficiary 1			Percentage
<b>Full Name</b>			%
<b>Date of Birth</b>		<b>Relationship to You</b>	
<b>Home Address</b>			
<b>Email Address</b>			
<b>Phone</b>	<i>Main</i>	<i>Work</i>	<i>Cell</i>

Additional Primary Beneficiary (optional)			Percentage
<b>Full Name</b>			%
<b>Date of Birth</b>		<b>Relationship to You</b>	
<b>Home Address</b>			
<b>Email Address</b>			
<b>Phone</b>	<i>Main</i>	<i>Work</i>	<i>Cell</i>

Additional Primary Beneficiary (optional)			Percentage
Full Name			%
Date of Birth		Relationship to You	
Home Address			
Email Address			
Phone	Main	Work	Cell

**OPTIONAL | Section 2: Contingent Beneficiary Designation**

If all the above-named primary beneficiaries predecease me, I hereby designate the following individual(s) as my contingent beneficiary(ies).

The beneficiary indicated below will only take effect if the primary beneficiaries are no longer living.

Contingent Beneficiary (optional)			
Full Name			
Date of Birth		Relationship to You	
Home Address			
Email Address			
Phone	Main	Work	Cell

**Signature**

This form is to replace any prior named beneficiary(ies) on file.

Member Full Name		Signature	
Witness Full Name		Signature	
Date of Signatures			

BCU staff only: 

Processed by (Sign & Initial)	
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