



651.291.1515
800.899.5626
hiway.org

ADD/REMOVE BENEFICIARY

Member #: _____
Application #: _____

Beneficiaries

First Name:	MI:	Last Name:	Add	Remove
Entity/Trust:				
Address:		City:	State:	Zip:
Phone #:		Soc. Sec. #/TIN:	DOB:	

First Name:	MI:	Last Name:	Add	Remove
Entity/Trust:				
Address:		City:	State:	Zip:
Phone #:		Soc. Sec. #/TIN:	DOB:	

First Name:	MI:	Last Name:	Add	Remove
Entity/Trust:				
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First Name:	MI:	Last Name:	Add	Remove
Entity/Trust:				
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Phone #:		Soc. Sec. #/TIN:	DOB:	

First Name:	MI:	Last Name:	Add	Remove
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Address:		City:	State:	Zip:
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First Name:	MI:	Last Name:	Add	Remove
Entity/Trust:				
Address:		City:	State:	Zip:
Phone #:		Soc. Sec. #/TIN:	DOB:	

As the member on this account, you authorize changes made and certify, under penalty of perjury, that all information given is true and correct. By signing below you are adding/removing beneficiaries on all savings, checking and money market account types on the member number listed above.

 X
Member's Signature _____ Date _____

CU USE ONLY

CU Employee: _____	Teller #: _____	Date: _____
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