

Western Division Federal Credit Union  
6750 Main Street • Williamsville, NY 14221  
Ph: (716) 632-9328 • Fax: (716) 632-1383  
www.westerndivision.org

## BENEFICIARY AUTHORIZATION

Provide the following information to add or update your request regarding a Beneficiary on your account. A Beneficiary is the person(s) you name to receive the funds on your Membership or Specified Accounts upon your death.

### MEMBER INFORMATION

Member Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member #: \_\_\_\_\_ (Please provide just the last 2 digits of Member#)

### BENEFICIARY INFORMATION

Add       Remove

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Add to Membership and All applicable accounts

Add only to specified Account suffixes:

Suffix(s): \_\_\_\_\_

### BENEFICIARY INFORMATION

Add       Remove

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Add to Membership and All applicable accounts

Add only to specified Account suffixes: Suffix(s): \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_