



PO BOX 906, LOMA LINDA, CA 92354

Account Nos. _____ Date _____

**DESIGNATION OF SHARES BENEFICIARY (P.O.D.)
NON-TRANSFERABLE**

In the event of my death and all other joint owners predecease me, I the undersigned, hereby designate the person(s) listed below as my beneficiary(s) to receive any and all amounts in the account(s) listed above:

Name Phone DOB %

Address

Name Phone DOB %

Address

Member Signature Joint Member / Owner Signature

CONSENT OF SPOUSE (Optional)

**To be completed if Beneficiary is other than the spouse of member)*

Approved and consented to this date _____

Signed Spouse of