



Change of Beneficiary Request Form

Primary Member Name _____

Prime Share Account Number _____

This request gives authorization to Atlantic Federal Credit Union to do the following:

Please Select One:

Change () Add () Delete ()

Beneficiary (POD) Name _____

Social Security number _____ / _____ / _____

Relationship _____ **Date of Birth** _____

Beneficiary (POD) Name _____

Social Security number _____ / _____ / _____

Relationship _____ **Date of Birth** _____

PLEASE ADD AS BENEFICIARY TO THE FOLLOWING ACCOUNT(S):

___ PRIME SHARE SAVINGS

___ CHECKING

___ MONEY MARKET

___ HOLIDAY CLUB

___ VACATION CLUB

Member Signature _____

Date _____

Official Use Only MSR _____ Date _____
