

In Trust For (ITF) Account Beneficiary Designation, Deletion, or Change

Account Number

Primary Owner Name

This beneficiary designation overrides all previous designations for this account. Please complete this form as if you were designating beneficiaries for the first time. Any beneficiary updates made on this form will apply to all existing savings, certificates, and checking subaccounts (with the exceptions of Individual Retirement Accounts and Health Savings Accounts) under this account number. Existing primary and/or joint owners cannot be listed as a beneficiary.

A Savings In Trust For (ITF) Account is a share account that is payable after death of the last account owner to one or more designated individuals or non-profit organizations. The owner(s) of the account has (have) complete control and ownership of the account during his or her (their) lifetime. The account beneficiary is not authorized to receive balance information, perform transactions, or receive any proceeds until the last account owner is deceased. Upon the death of the last account owner(s), funds in this account will be divided equally among all living beneficiaries or existing non-profit organizations. Contingent beneficiaries are not allowed with this type of account. In order for us to locate and identify your beneficiaries before distribution, it is necessary to collect the identifying information below.

A. Beneficiaries - Please list all beneficiaries for this account.

Name (First, MI, Last) or Name of Non-Profit Organization	Date of Birth	SSN or Organization's Tax ID No.
Mailing Address - Street or P.O. Box		City, State, Zip Code
Phone Number (with Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Beneficiary's Relationship to Owner (Required for PA Tax Reporting)	

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OR
 I wish to have no beneficiaries listed for this account. (All existing beneficiaries will be removed.)

B. Signatures - All current owners are required to sign.

Primary Member Signature (please sign in ink)	Date
First Joint Member Signature (please sign in ink)	Date
Second Joint Member Signature (please sign in ink)	Date

For additional beneficiaries, please complete an additional form and label accordingly: Page _____ of _____ dated ____/____/____.

UECU USE ONLY

Entered

Date