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MSR Name: \_\_\_\_\_  
Document Type: Membership Application  
Date processed \_\_\_\_\_

**PUBLIX EMPLOYEES FEDERAL CREDIT UNION**

**UPDATE BENEFICIARY FORM**

The Beneficiary(ies) listed below will be added to ALL share accounts listed under your base account number.

The Beneficiary(ies) listed on this form will replace any Beneficiary(ies) you may have previously listed on the account. ***IF YOU DO NOT WANT A CURRENT BENEFICIARY TO BE REMOVED, THEY MUST BE LISTED ON THIS FORM.***

**If not appearing in person, mail to PO Box 1000, Lakeland, FL 33802 with a photo copy of your identification. Identification accepted: valid driver's license, State ID, or US Military ID. This form will not be processed without proper identification.**

NAME: _____ ACCOUNT # _____
DATE: _____

Beneficiary Full Name	Complete Address	Social Security No.	Relationship

**REQUIRED SIGNATURE(S)**

**All owners on the account must sign this form.**

By Signing this form I agree to the terms and conditions found in the "Important Account Information" Brochure and the Governing Law on my original Membership application.

Owner signature: \_\_\_\_\_ Owner signature: \_\_\_\_\_

Owner signature: \_\_\_\_\_ Owner signature: \_\_\_\_\_