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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 the nearest PEFCU branch office with a photo copy of your identification. Identification accepted: Valid Driver's License or State ID. This form will not be processed without proper identification.

NAME: _____	DATE: _____
ACCOUNT # _____	SSN # _____

Beneficiary Full Name	Complete Address	DOB	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: _____