



www.tencu.com | 1-844-468-3628
1400 8th Avenue, Nashville, TN 37203

TENCU BENEFICIARY DESIGNATION

Member Name: _____ Member #: _____

The Member and any other Owner(s) hereby instruct(s) TENCU to pay any balances remaining in the below outlined account(s) after the death of all Owner(s), to the following beneficiaries living at that time. Member and other Owner(s) agree on their own behalf and on the behalf of their heir, assigns, personal representatives and all other persons claiming through them, to indemnify and hold the TENCU harmless from all loss or damage by reason of such payment. The Beneficiary Designation is only effective as to the account(s) designation below. If you select for the Beneficiary Designation to only be effective for specific accounts and sub-accounts, an account or sub-account not listed herein is not impacted by this Beneficiary Designation. This beneficiary designation overrides all previous designations.

All accounts and sub-accounts held by the Primary Member designated by the indicated RIM*

Only the following accounts and sub accounts, as outlined below*

*This form can not be used for IRA, Trust, Estate, Representative Payee, Custodial, Guardianship, Conservatorship accounts or Safe Deposit Boxes.

Beneficiary Name:	_____	
Social Security:	_____	Date of Birth _____
Address:	_____	City/State _____
Phone Number:	_____	
Beneficiary Name:	_____	
Social Security:	_____	Date of Birth _____
Address:	_____	City/State _____
Phone Number:	_____	

Member Signature: _____ Date: _____

Office Use Only TENCU Employee Accepting Form

Teller #: _____ Signature: _____ Date _____