



Genuine Parts

CREDIT UNION

A Genuine Difference

Beneficiary Designation Form

Member Name: _____
Account Number: _____

All Accounts: Yes No
(circle one)

If no, please list the applicable accounts:

Beneficiary/Payable on Death (POD) Payee: _____
Percentage: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

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Phone: _____

Beneficiary/Payable on Death (POD) Payee: _____
Percentage: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Member Signature: _____
Date: _____