TALERIS CREDIT UNION, INC. BENEFICIARY INFORMATION

Attach to Membership Application (FOR POD OR JOINT WITH BENEFICIARY ACCOUNTS ONLY)

	PAGE 1 OF		
Primary Owner Name			Membership Number
LEASE PRINT BENEFICIARY IN	FORMATION BELOW:		
irst Name	Initial	Last Name	
irthdate (MM/DD/YYYY)	Relationship	SSN / TIN #	
reet Address		Apt.#	
O Box City		State	Zip
ome Phone	Work Phone	Cell Phone	
DDITIONAL BENEFICIARY IN	FORMATION		
irst Name	Initial	Last Name	
irthdate (MM/DD/YYYY)	Relationship	SSN / TIN #	
itreet Address		Apt.#	
O Box City		State	Zip
lome Phone	Work Phone	Cell Phone	
ADDITIONAL BENEFICIARY IN	FORMATION		
irst Name	Initial	Last Name	
irthdate (MM/DD/YYYY)	Relationship	SSN / TIN #	
treet Address		Apt.#	
O Box City		State	Zip
lome Phone	Work Phone	Cell Phone	
GIGNATURE — PRIMARY MEM	BER AND ALL JOINT OWNER(S) MUST SIC	IN BELOW	
On my/our death(s), the proceeds of this etain the right to redeem all or any part	Share Account shall rest in and be payable to the named of this Share Account.	beneficiary(ies) designated here, equally. V	Vhile I/we am/are living,
Signature of Primary Member		Date	
Signature of Joint Owner		Date	
Signature of Joint Owner		Date	
Signature of Joint Owner		Date	
aleris Credit Union, Inc. PO Box 3	318072 • Cleveland, OH 44131 800.828.64	46	CREDIT UNIO
	ings insured to \$250,000 per account. This institution is not federally TEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY. CREDIT UNION		MD0.062 07/13/