

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
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PLEASE PRINT BENEFICIARY INFORMATION BELOW:

First Name	Initial	Last Name	
Birthdate (MM/DD/YYYY)	Relationship	SSN / TIN #	
Street Address	Apt.#		
PO Box	City	State	Zip
Home Phone	Work Phone	Cell Phone	

ADDITIONAL BENEFICIARY INFORMATION

First Name	Initial	Last Name	
Birthdate (MM/DD/YYYY)	Relationship	SSN / TIN #	
Street Address	Apt.#		
PO Box	City	State	Zip
Home Phone	Work Phone	Cell Phone	

ADDITIONAL BENEFICIARY INFORMATION

First Name	Initial	Last Name	
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Street Address	Apt.#		
PO Box	City	State	Zip
Home Phone	Work Phone	Cell Phone	

SIGNATURE — PRIMARY MEMBER AND ALL JOINT OWNER(S) MUST SIGN BELOW

On my/our death(s), the proceeds of this Share Account shall rest in and be payable to the named beneficiary(ies) designated here, equally. While I/we am/are living, I/we retain the right to redeem all or any part of this Share Account.

X	Signature of Primary Member	Date
	Signature of Joint Owner	Date
	Signature of Joint Owner	Date
	Signature of Joint Owner	Date