

Joint Account Owner and Beneficiary Designation Form

MEFCU Account Number _____

Name of Primary Owner _____

Social Security Number _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

JOINT OWNERSHIP

The primary member/owner and the joint owner(s) listed below establish the account(s) indicated on this application as a joint account(s) with right of survivorship, meaning that upon the death of one owner, the funds in the account(s) shall belong to the surviving owner(s) unless contrary direction is contained in the account agreement(s) as accepted by the Credit Union. MEFCU is hereby authorized to recognize the signature of any one of the joint owners for the payment of funds of the transaction of any business on the account(s). The joint owners hereby agree with each other and with MEFCU that all funds are and shall be owned by them jointly, whether deposited now or in the future. Each account holder agrees to abide by the terms and conditions for the account(s) and its joint ownership account terms, including, but not limited to, the right of any owner, acting alone, to make deposits, withdraw all funds, and pledge the account(s) as a security for a loan, and the liability of each owner for charges against the account(s), even when only one owner created the charge or benefited from it. Each joint owner acknowledges that the joint accounts are subject to Maryland's Multiple-Party Accounts law, except as preempted by federal law. Any owner may obtain a copy of the Application listing the persons(s) designated on the account(s) upon request. The designations below will not become effective without the signature of the primary owner.

BENEFICIARY DESIGNATION

The beneficiary (also called the "payable-on-death payee") of the account(s) is entitled to any funds in the account(s) after the death of the primary (and any joint owner's on the account(s)).

IMPORTANT: Be sure to include a copy of a valid, government-issued photo ID for all account owners.

Please add the following person to my (check all that apply and please list type or account type if you have multiple club, secondary share, or checking accounts):

Checking account _____

Savings account _____

Club account _____

Other _____

as the Joint Owner OR Beneficiary

Name of Joint Owner OR Beneficiary (please print) _____

Relationship to Member _____

Address _____

Social Security Number (required) _____

Birth date (required) _____

Home Phone _____

Work Phone _____

Cell Phone _____

Signature of Primary Owner _____

Date _____

Signature of Joint Owner (Signature of Beneficiary **NOT** required) _____

Date _____

Return to:
Marriott Employees' Federal Credit Union
P.O. Box 6006
Bethesda, MD 20827-6006
Attention: Deposit Services Department

Federally Insured
by NCUA



FOR CREDIT UNION USE ONLY Processed by _____ Date _____