



**NORTHWEST CHRISTIAN**  
CREDIT UNION

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

Primary Owner Name	Membership Number
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**PLEASE PRINT BENEFICIARY INFORMATION BELOW** (Primary Member and Joint Owner are listed on Membership Application)

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

**ADDITIONAL BENEFICIARY INFORMATION**

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

**ADDITIONAL BENEFICIARY INFORMATION**

Relationship		SSN/TIN #	
First Name	Initial	Last Name	
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.

✕ \_\_\_\_\_  
Signature of Primary Member Date

✕ \_\_\_\_\_  
Signature of Joint Owner (if applicable) Date

✕ \_\_\_\_\_  
Signature of Joint Owner (if applicable) Date

✕ \_\_\_\_\_  
Signature of Joint Owner (if applicable) Date