



GCU

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Change of Beneficiary

First Name: _____ Certificate Number(s): _____

Last Name: _____

Address: _____ Last 4 Digits of SSN: _____

_____ Phone Number: (_____) _____

(Is this a new address? Yes No) Cell Phone: (_____) _____

Email Address: _____ Date of Birth: ____/____/____

Are you married? Yes No

In accordance with the beneficiary provision in my certificate, I name the following person(s) as my beneficiary (ies).

Primary Secondary

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security No.: _____

Relationship to You: _____ *Percentage of benefit: _____

Primary Secondary

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security No.: _____

Relationship to You: _____ *Percentage of benefit: _____

If Beneficiary is a Trust:

Name of Trust: _____

Trust EIN: _____

*(Please send a copy of the **Important Information pages** and the **Signature page** of your trust.)*

If you have more than three beneficiaries, please use the other side of this page or a separate page to list them.

**All percentages must add up to 100%.*

Owner's Signature: _____ Date: _____

This section should be reviewed if the residence of the account owner is located in a community property state and the account owner is married and is not naming their spouse as sole primary beneficiary. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am the spouse of the account owner. I consent to the named beneficiaries other than or in addition to myself. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given by the Custodian.

Spouse's Signature: _____ Date: _____

Notary Public

County of: _____)

State of: _____) ss

[Seal]

Subscribed to and sworn to before me this _____ day of _____, _____.

Notary Public: _____