

INSTRUCTIONS

Please Note: This form cannot be submitted for changes to IRA Savings or IRA Term accounts. Please call (800) 874-5544, Monday through Friday, 8:30 a.m. - 7:00 p.m. ET to obtain the appropriate form for changes to these accounts.

Please complete/sign the application and mail or fax to:

ADDRESS:
 Quorum Federal Credit Union
 Attention: Operations
 2 Manhattanville Road, Suite 401
 Purchase, NY 10577

FAX:
 (914) 641-3730
 Attention: Operations

PRIMARY MEMBER

LAST NAME	<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.	FIRST NAME	MI	SOCIAL SECURITY OR TAX ID #	DOB (MM/DD/YYYY)	ACCOUNT NUMBER
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ADD OR REMOVE BENEFICIARY

WHAT DO YOU WANT TO DO? Please choose ONE of the following options.

- REPLACE BENEFICIARY(IES):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
 - ADD BENEFICIARY(IES):** I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies). This list supplements, but does not replace the beneficiary(ies) previously designated by me.
- When adding beneficiaries, if the percentage share of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding percentage share.

PLEASE ENTER BENEFICIARY INFORMATION HERE:

Be sure you indicate the suffix(es). If you do not indicate a specific suffix below, we will apply your beneficiary designation(s) to all accounts maintained within this membership.

LAST NAME	FIRST NAME	M. I.	ADDRESS	DOB (MM/DD/YYYY)	SSN	RELATIONSHIP	PRIMARY OR CONTINGENT	SUFFIX	SHARE %
			STREET CITY STATE+ZIP				<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
			STREET CITY STATE+ZIP				<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
			STREET CITY STATE+ZIP				<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
			STREET CITY STATE+ZIP				<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		
			STREET CITY STATE+ZIP				<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT		

DISCLOSURE & AGREEMENT

Designation of Beneficiary(ies): The individual(s) listed above shall be my beneficiary(ies). If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rate basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

My (Our) signatures(s) confirm(s) I (we) have read and understand the disclosure above.

PRIMARY MEMBER SIGNATURE

DATE