

DESIGNATION OF BENEFICIARY FOR CERTIFICATE OF DEPOSIT

(ALL ACCOUNT OWNERS MUST CONSENT TO THIS DESIGNATION BY SIGNING BELOW)

I/We, the undersigned, hereby designate the following person(s) as the beneficiary(ies) of Account No. _____ - _____ and as such he/she/(they) is/(are) entitled to all shares in this certificate suffix at my death. If there is more than one beneficiary, payment shall be made in equal shares. I/We also hereby revoke any prior designations.

| | | | |
|----------------------|-------------|---------------------|--|
| Beneficiary 1 | | | |
| Name _____ | SSN _____ | | |
| Address _____ | | | |
| City _____ | State _____ | ZIP _____ | |
| Relationship _____ | | Date of Birth _____ | |
| Beneficiary 2 | | | |
| Name _____ | SSN _____ | | |
| Address _____ | | | |
| City _____ | State _____ | ZIP _____ | |
| Relationship _____ | | Date of Birth _____ | |
| Beneficiary 3 | | | |
| Name _____ | SSN _____ | | |
| Address _____ | | | |
| City _____ | State _____ | ZIP _____ | |
| Relationship _____ | | Date of Birth _____ | |
| Beneficiary 4 | | | |
| Name _____ | SSN _____ | | |
| Address _____ | | | |
| City _____ | State _____ | ZIP _____ | |
| Relationship _____ | | Date of Birth _____ | |
| Beneficiary 5 | | | |
| Name _____ | SSN _____ | | |
| Address _____ | | | |
| City _____ | State _____ | ZIP _____ | |
| Relationship _____ | | Date of Birth _____ | |

Signature _____

Signature _____

Signature _____

Signature _____