



TENTATIVE TRUST ACCOUNT BENEFICIARY CHANGE FORM

Use this form to change beneficiaries on your existing Tentative Trust Account. You may not add a joint owner with this form.

The Tentative Trust Account is revocable and the Member can make changes on the account at anytime. Beneficiaries can be designated on the account to be paid upon the Member's death by the percentage indicated for each beneficiary or equally based on the number of beneficiaries if no percentage is provided. If designated, the total percentage must equal 100%.

ACCOUNT NUMBER _____

MEMBER NAME _____

EXISTING JOINT OWNER (this person must already be a joint owner on the account) _____

EXISTING JOINT OWNER (this person must already be a joint owner on the account) _____

BENEFICIARIES THE BENEFICIARIES NAMED BELOW WILL REPLACE ANY EXISTING BENEFICIARIES ON THIS ACCOUNT.

NAME OF BENEFICIARY _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
PHONE NUMBER _____
RELATIONSHIP TO MEMBER _____
DATE OF BIRTH ____/____/____
PERCENTAGE FOR BENEFICIARY 1 _____

NAME OF BENEFICIARY _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
PHONE NUMBER _____
RELATIONSHIP TO MEMBER _____
DATE OF BIRTH ____/____/____
PERCENTAGE FOR BENEFICIARY 2 _____

NAME OF BENEFICIARY _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
PHONE NUMBER _____
RELATIONSHIP TO MEMBER _____
DATE OF BIRTH ____/____/____
PERCENTAGE FOR BENEFICIARY 3 _____

NAME OF BENEFICIARY _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
PHONE NUMBER _____
RELATIONSHIP TO MEMBER _____
DATE OF BIRTH ____/____/____
PERCENTAGE FOR BENEFICIARY 4 _____

SIGNATURE

MEMBER'S NAME (Please print.) _____

MEMBER'S SIGNATURE (Please sign in ink.) _____

DATE ____/____/____

Mail or fax completed application to:

P.O. BOX 67009, HARRISBURG, PA 17106-7009 • FAX 717.720.1234 • EMAIL APPLICATIONP@PSECU.COM