

# ESA DESIGNATION OF DEATH BENEFICIARY

\_\_\_\_\_  
Credit Union Name

## **DESIGNATED BENEFICIARY INFORMATION**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
ESA Account Number

## **NEW OR CHANGED DEATH BENEFICIARY DESIGNATION(S)**

I wish to designate the following person(s) or entity(ies) as primary and/or contingent beneficiaries to receive payment as indicated herein. If I have not indicated whether a person or entity is a primary or contingent beneficiary(ies), it will be assumed that I intended to indicate a primary beneficiary. If more than one primary and/or contingent beneficiary is indicated, equal shares will be assumed, unless I have indicated otherwise. (Please attach a separate sheet, if needed.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Relationship

Primary \_\_\_\_\_ or Contingent \_\_\_\_\_

Percentage \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Relationship

Primary \_\_\_\_\_ or Contingent \_\_\_\_\_

Percentage \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Relationship

Primary \_\_\_\_\_ or Contingent \_\_\_\_\_

Percentage \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Relationship

Primary \_\_\_\_\_ or Contingent \_\_\_\_\_

Percentage \_\_\_\_\_

*If the Designated Beneficiary lives in a marital or community property state, please complete the following:*

**Spousal Consent:** *As a spouse, I consent to the fact that another primary death beneficiary has been named and hereby transfer (or give up) any community or marital property interest that I have in this ESA into the separate property of my spouse. I assume full responsibility for any adverse consequences that may come about as a result of my consent.*

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

## **SIGNATURES**

I authorize the credit union to make the death beneficiary designations or changes that I have indicated above. This designation supersedes any and all prior designations that may have been made. The credit union has not provided me with any legal or tax advise. I accept full responsibility for my actions and will not hold the credit union liable for any adverse consequences that may result.

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of Custodian

\_\_\_\_\_  
Date