

If this is a joint share account, all joint owners must sign the designation to make it valid

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signed: \_\_\_\_\_

as the beneficiary on Account No. \_\_\_\_\_ and as such he/she is entitled to all shares in said account upon my death, or, if there is more than one owner, upon the death of all the owners.

who resides at \_\_\_\_\_

\_\_\_\_\_ hereby designate  
 Name of Beneficiary \_\_\_\_\_

\_\_\_\_\_  
 Name of Account Owner(s) \_\_\_\_\_  
 I/We, \_\_\_\_\_

(may be used only in certain states)

## DESIGNATION OF BENEFICIARY FOR SHARES

### APPLICATION FOR MEMBERSHIP IN OCHSNER CLINIC FCU

Account Number	Name
_____	_____

Complete Address \_\_\_\_\_

Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Dept. or Occupation \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Membership Eligibility \_\_\_\_\_ Soc. Sec. No. or Tax Ident. No. \_\_\_\_\_

Husband's first or Wife's maiden name \_\_\_\_\_

By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the

\_\_\_\_\_ OCHSNER CLINIC FEDERAL CREDIT UNION  
 I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 ( ) Membership Officer Signed \_\_\_\_\_

Reverse side must be completed

(Person representing approver of application)