



Beneficiary Change Request

Please print and complete this form if you'd like to add, change, or remove beneficiary information on your account. If this form is submitted to KCCU by mail or through our secure online Send my Docs application from our website then the form must be signed and stamped by a notary.

MEMBER INFORMATION		
First Name:	Last name:	
Member Number:	Last 4 digits of Primary Account Holders SSN:	
Phone:		
BENEFICIARY INFORMATION		
Please select one of the following, I would like to: <ul style="list-style-type: none"> <input type="checkbox"/> Add a new beneficiary to my account <input type="checkbox"/> Change current beneficiary information <input type="checkbox"/> Remove a beneficiary from my account 		
Beneficiary Name:		
Address:		
City:	State:	Zip:
Phone:	SSN:	Date of Birth:
Additional Information:		
Primary Account Holders Signature:	Date:	
Joint Account Holders Signature:	Date:	
Notary Signature <i>(If submitted by mail or online):</i>	Date:	
Notary Seal		



3 ways to submit your completed form:

Option 1: Drop it off at any of our branch locations.

Option 2: Mail it to: KCCU, PO Box 140, Battle Creek, MI 49016 (Requires signature and stamp by notary.)

Option 3: Submit it through Send My Docs in the Complete Forms area of our website (Requires signature and stamp by notary.)