

AFFIDAVIT OF DESIGNATED BENEFICIARIES

AFFIDAVIT: For Transfer On Death Of Member

Date: _____ Member No: _____

Member/Owner: _____

State of Louisiana, Parish of _____

_____ (Member) being first duly sworn, does hereby depose and state that he/she opened an account with the Louisiana Federal Credit Union Credit Union, designated as _____ (Name of Member), Payable on Death to _____ (Name(s) of Beneficiary(ies))

_____ (Name(s) of Beneficiary(ies)) and bearing Member Number _____ in said Credit Union.

X

Member Signature

Printed Name - Member

X

Witness Signature

Printed Name - Witness

X

Witness Signature

Printed Name - Witness

Sworn to and subscribed before me this _____ day of _____, _____

X

Notary Public

Printed Name - Notary

ID Number: _____

FOR NOTARY SEAL
▼

