



1440 Rosecrans Avenue, Manhattan Beach, CA 90266  
800.854.9846 | kinecta.org

# Beneficiary Designation

MEMBER # \_\_\_\_\_

SECTION 1	<b>BENEFICIARY INFORMATION</b>		<b>SHARES:</b>	
	LAST NAME		FIRST NAME	
	RELATIONSHIP TO PRIMARY		SOCIAL SECURITY OR TAX ID #	
	ADDRESS		CITY	
			STATE & ZIP	
	<b>BENEFICIARY INFORMATION</b>		<b>SHARES:</b>	
	LAST NAME		FIRST NAME	
	RELATIONSHIP TO PRIMARY		SOCIAL SECURITY OR TAX ID #	
	ADDRESS		CITY	
			STATE & ZIP	
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		STATE & ZIP		
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RELATIONSHIP TO PRIMARY		SOCIAL SECURITY OR TAX ID #		
ADDRESS		CITY		
		STATE & ZIP		
<input type="checkbox"/> CHECK HERE IF THERE ARE ADDITIONAL BENEFICIARIES				
SECTION 2	<b>ACCOUNT AGREEMENT</b>			
	<p><b>This Payable on Death (P.O.D.) beneficiary designation applies to all accounts opened under the membership number listed above unless otherwise indicated, but does not apply to IRAs or Trust Accounts. Upon the death of the last surviving owner of a P.O.D. account, any sums remaining in the account(s) shall be made payable and distributed to the surviving P.O.D. beneficiary, or if more than one P.O.D. beneficiary is designated, to the surviving beneficiaries equally. Between P.O.D. beneficiaries, there is no right of survivorship.</b></p>			
	PRINT PRIMARY NAME: _____		SIGNATURE: _____	
			DATE: _____	
	PRINT JOINT NAME: _____		SIGNATURE: _____	
			DATE: _____	
	PRINT JOINT NAME: _____		SIGNATURE: _____	
			DATE: _____	
	PRINT JOINT NAME: _____		SIGNATURE: _____	
			DATE: _____	
PRINT JOINT NAME: _____		SIGNATURE: _____		
		DATE: _____		
<p><b>SIGNATURE OF PRIMARY AND ALL JOINT MEMBERS IS REQUIRED.</b></p>				
<b>FOR OFFICE USE ONLY</b>				
REP#		OFFICE#		
		DATE		