SLB Employees Credit Union

205 Industrial Blvd., - Sugar Land, TX - 77478-3168

ADD OR REMOVE A BENEFICIARY FORM

Account Owner: _____ Account #: _____

☐ ADD ☐ REMOVE

UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE: The type of account you select may determine how property passes on in the event of death. Your Will may not control the disposition of funds held in some of the following accounts. THE OWNERSHIP TYPE/RIGHTS AT DEATH DESIGNATION SPECIFIED ON THIS DOCUMENT WILL REMAIN THE SAME FOR ALL ACCOUNTS. (Select one of the following by initialing.)

_____ SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (Payable on Death) DESIGNATION: On death, ownership passes as a part of the party's estate.

_____ SINGLE-PARTY ACCOUNT WITH "P.O.D." (Payable on Death) DESIGNATION: On death, ownership passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate. *Fill out beneficiary info below.*

(P)____ (J)____ MULTIPLE-PARTY (JOINT) ACCOUNT WITH RIGHT OF SURVIVORSHIP: (Primary (P) and Joint (J) must initial) On the death of a party, the party's ownership of the account passes to the surviving parties. On death of last surviving party, the account passes as part of the estate.

(P)____ (J)____ MULTIPLE-PARTY (JOINT) ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "P.O.D." (Payable on Death) DESIGNATION: (Primary (P) and Joint (J) must initial) On the death of a party, the party's ownership of the account passes to the surviving parties. On death of last surviving party, the account passes to the P.O.D. beneficiaries of the account. The account is not a part of the party's estate. *Fill out beneficiary info below.*

Beneficiary Name: _____ Relationship to Member: _____

Address/City/State/Zip: _____ Phone: _____

SSN: _____ DOB (MM/DD/YYYY): _____ Email: _____

Beneficiary Name: _____ Relationship to Member: _____

Address/City/State/Zip: _____ Phone: _____

SSN: _____ DOB (MM/DD/YYYY): _____ Email: _____

Beneficiary Name: _____ Relationship to Member: _____

Address/City/State/Zip: _____ Phone: _____

SSN: _____ DOB (MM/DD/YYYY): _____ Email: _____

AUTHORIZATIONS

Primary Account Owner Signature _____ Date _____

Joint Account Owner Signature _____ Date _____

This form will supersede any previous beneficiary designation you may have on record with SLB Employees Credit Union and any accommodations you have made in your Will for the disposition of your SECU accounts. Beneficiaries may be an individual or a Trust. Neither the primary owner nor a Joint Owner(s) can be designated as beneficiaries on the same Share ID. SECU does not offer contingent beneficiaries.

FOR SECU USE ONLY

Revision Date: 10/26/2026 BB

Completed by (SECU Staff): _____ Date _____