



# HOPI CREDIT ASSOCIATION

## MEMBERSHIP SHARES BENEFICIARY DESIGNATION FORM

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Telephone:</b>
<b>HCA Account Number:</b>	<b>Witness Name:</b>

It is very important to clearly indicate your primary beneficiary(ies) and contingent beneficiary(ies). Membership shares are paid to contingent beneficiary(ies) only if there are no surviving primary beneficiary(ies). If multiple primary beneficiaries or contingent beneficiaries are named and no percentage distribution is noted, then any remaining membership shares payable to such beneficiaries will be split equally. If more space is needed to list your beneficiaries, please attach a sheet to this form. **The beneficiary(ies) named on this form will be valid for all basic, optional, and/or voluntary group unless otherwise indicated by you.**

***Primary and contingent beneficiaries must separately total 100% in whole percentages.***

### PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	Relationship to You	Date of Birth	Percentage: (must equal 100%)
<b>Name:</b>  <b>Address:</b>			
<b>Name:</b>  <b>Address:</b>			
<b>Name:</b>  <b>Address:</b>			

**CONTINGENT BENEFICIARY(IES):** Contingent beneficiaries will only receive benefit if there are no surviving primary beneficiaries.

Contingent Beneficiary's Name and Address	Relationship to You	Date of Birth	Percentage: (must equal 100%)
<b>Name:</b>  <b>Address:</b>			
<b>Name:</b>  <b>Address:</b>			
<b>Name:</b>  <b>Address:</b>			

I have completed, understand, and agree to all information provided on this Membership Shares Beneficiary Designation form. I am making the above beneficiary designations for my membership shares in the event of my death. If I have more than one primary beneficiary, the process will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there are no surviving primary beneficiary as specified. If a contingent beneficiary predeceases me, their share will be allocated among the surviving contingent beneficiaries. If I fail to designate beneficiaries, amount will be paid to the Hopi Credit Association.

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**