

# Payable on Death - Designation of Beneficiary

Illinois Uniform TOD Security Registration Act 815 ILCS 10/0.01 et. seq.



Member Information: <i>(Please print legibly)</i>			
Customer Number		Account Number	
Name		Email	
Name <i>(if shared membership)</i>		Email	
Address			
City, State, Zip		Phone	

I, \_\_\_\_\_ / \_\_\_\_\_, of \_\_\_\_\_  
(Member Name) (Joint Member Name, if shared membership)  
\_\_\_\_\_ / \_\_\_\_\_ pursuant to the terms of  
(Address) (City, State, Zip)

the Illinois Uniform TOD Security Registration Act, designate the following as the beneficiary of my/our capital credit account with Egyptian Electric Cooperative (EECA) to be paid upon my death, or the death of both joint members, to:

Primary Designated Beneficiary: <i>(If surviving joint member wishes to name additional primary designated beneficiaries, please use the back side of this form)</i>			
Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	

Contingent Designated Beneficiary: <i>(For additional contingent designated beneficiaries, please use the back side of this form)</i>			
Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	

EECA is authorized to register ownership of my capital credit account with EECA in my name and pay on death to the primary beneficiary named above (and those listed on the back of this form, if any), or to the contingent beneficiary should the primary predecease me. This designation remains in effect until amended or revoked by member, or both joint members (if joint membership), in writing.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature *(if shared membership)*

\_\_\_\_\_  
Date

**Send completed form to: Egyptian Electric Cooperative, 1732 Finney Road, Murphysboro, IL 62966**

**(Cont.) Primary Designated Beneficiary:**

Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	
Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	
Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	

**(Cont.) Contingent Designated Beneficiary:**

Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	
Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	
Name			
Address			
City, State, Zip		Email	
Phone		Date of Birth	
Relationship		% Share	

**Send completed form to: Egyptian Electric Cooperative, 1732 Finney Road, Murphysboro, IL 62966**