



# Beneficiary Designation Form

## Part I: Add/Change Beneficiary Designation

Date: \_\_\_\_\_ Branch: \_\_\_\_\_

To: Citibank, N.A. Customer Service Center

The undersigned is (are) the owner(s) of: \_\_\_\_\_  
List all account numbers **on which** you want to add/change beneficiary(ies)

Entitled \_\_\_\_\_  
Name(s) of Account Holder(s)

\_\_\_\_\_  
Name(s) of current beneficiary(ies)

(if applicable) in trust for \_\_\_\_\_

Effective this date:

I/(We) revoke, if applicable, the existing beneficiary(ies) designation(s) listed above.

I/(We) direct you to change the title of the above listed accounts to the following:

\_\_\_\_\_  
Name(s) of Account Holder(s) must not change

### In Trust For:

1. \_\_\_\_\_  
Name of new beneficiary

Citizenship \_\_\_\_\_ Date of Birth: mm/dd/yyyy \_\_\_\_\_ Relation to Primary Account Holder \_\_\_\_\_

Permanent Address \_\_\_\_\_

2. \_\_\_\_\_  
Name of new beneficiary

Citizenship \_\_\_\_\_ Date of Birth: mm/dd/yyyy \_\_\_\_\_ Relation to Primary Account Holder \_\_\_\_\_

Permanent Address \_\_\_\_\_

I/We authorize Citigold International or International Personal Banking to accept oral, telephonic, electronic, telex or telefax instructions, as described in the Citibank *Client Manual*, as acceptable forms of communications, to include the above named beneficiary (ies) on any subsequent deposit accounts (available only for certain deposit accounts) that are opened as a result of a complete or partial transfer from the above listed accounts or any accounts opened thereafter from those subsequent accounts that was/were held under the same account title as above, with the same effect as if I/we had/have signed them.

I/We agree to follow such security procedures as Citigold International or International Personal Banking may require and provide my/our signature(s), if requested. Citigold International or International Personal Banking may refuse to accept such instructions or may require updated information.

**I/We acknowledge that my/our authorization above may have an effect on the amount of insurance offered by the Federal Deposit Insurance Corporation (FDIC) that I/we may be eligible for if the accounts were held under different account titles. For more information please review the FDIC section of the Client Manual or visit [www.FDIC.org](http://www.FDIC.org).\***

\* Please note that the listed website is provided for informational purposes only and Citigold International or International Personal Banking is not responsible for the information contained therein.

\_\_\_\_\_  
Signature Primary Account Holder

\_\_\_\_\_  
Date: mm/dd/yyyy

\_\_\_\_\_  
Signature Co-Account Holder (B)

\_\_\_\_\_  
Date: mm/dd/yyyy

\_\_\_\_\_  
Signature Co-Account Holder (A)

\_\_\_\_\_  
Date: mm/dd/yyyy

\_\_\_\_\_  
Signature Co-Account Holder (C)

\_\_\_\_\_  
Date: mm/dd/yyyy

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## Authentication of Signature

**This form can be acknowledged one of three ways; either before (1) a U.S. Notary or, (2) if signed outside of the U.S., by a U.S. consul or Vice-Consul or any official authorized to take acknowledgments and then submitted to a Consul or Vice-Consul for validation or (3) be signed and verified before a Citibank Employee.**

### Signature Validation Performed by:

**a U.S. Notary (if signed in the United States or Puerto Rico)**

SS:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_ personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the "ADD/Changed Beneficiary Request Form" and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date: mm/dd/yyyy

\_\_\_\_\_  
Customer Identification Produced

**a U.S. Consul or U.S. Vice-Consul (if signed outside the United States it must be acknowledged before a U.S. Consul or Vice-Consul or before any official authorized to take acknowledgments, and then submitted to a Consul or Vice-Consul for validation)**

\_\_\_\_\_  
U.S. Consul or U.S. Vice-Consul Signature

\_\_\_\_\_  
Date: mm/dd/yyyy

\_\_\_\_\_  
Customer Identification Produced

**a Bank Employee:**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_ personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the "ADD/Changed Beneficiary Request Form" and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

\_\_\_\_\_  
Name of Bank Employee (print)

\_\_\_\_\_  
Signature of Bank Employee

\_\_\_\_\_  
Date: mm/dd/yyyy

\_\_\_\_\_  
Customer Identification Produced

## Part 2

### For Internal Use Only

Verified and approved :

\_\_\_\_\_  
Operations Officer's Signature, Stamp and Date

#### INSTRUCTIONS:

1. **All Accounts listed above MUST have the same title.**
2. All Account Holders **MUST** sign. Beneficiary(ies) do(es) not sign.
3. This form **MAY NOT** be used to add/delete/change the name of any account holder.

Form must be carbon copied or printed in duplicate (customer must be given a signed copy)

