

# Beneficiary Application

Lending and Administrative Offices: 18 Pearl Street. Burlington, VT. 05401  
Teller Services: 92 North Avenue. Burlington. VT. 05401  
P: 802.865.3404 or 800.865.8328 F: 802.862.8971 www.oppsvt.org



## MEMBER INFORMATION (Required)

Member Number: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Owner Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

## 1<sup>st</sup> BENEFICIARY

Name (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2<sup>nd</sup> BENEFICIARY (optional)

Name (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3<sup>rd</sup> BENEFICIARY (optional)

Name (please print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

## SIGNATURES (Required)

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

1/2005  
**FOR OFFICE USE ONLY:** MEMBER NUMBER \_\_\_\_\_ Welcome Packet Sent \_\_\_\_\_ (Initial) \_\_\_\_\_ (Date) \_\_\_\_\_  
Date Opened \_\_\_\_\_ Opened by \_\_\_\_\_ Date Closed \_\_\_\_\_ Close Reason \_\_\_\_\_  
Eligibility: (circle one) ONE WIN OPPTS INC O:NCPS Ver: \_\_\_\_\_ OFAC: \_\_\_\_\_ ID#: \_\_\_\_\_ Other: \_\_\_\_\_  
CO:NCPS Ver: \_\_\_\_\_ OFAC: \_\_\_\_\_ ID#: \_\_\_\_\_