GoldCrest Bank

Beneficiary Designation Form

Effective July 16, 2026

Account Holder Information

Full Legal Name: _____

GoldCrest Account Number(s): _____

Primary Beneficiary 1

Name: _____

Relationship: _____

Date of Birth: _____

Social Security Number: _____

Share of Account (%): _____

Primary Beneficiary 2 (optional)

Name: _____

Relationship: _____

Date of Birth: _____

Social Security Number: _____

Share of Account (%): _____

Contingent Beneficiary (optional)

Name: _____

Relationship: _____

Date of Birth: _____

Social Security Number: _____

Share of Account (%): _____

Signatures

Account Holder Signature: _____

Date: _____

This form is provided for account servicing purposes only and does not constitute a binding agreement until signed and accepted by GoldCrest Bank. Member FDIC. Equal Housing Lender.