

KEWEENAW COOPERATIVE, INC.
MEMBERSHIP AGREEMENT — EXHIBIT D
(optional)

Beneficiary Designation for Member Capital Owner # _____

- Because this form has important tax and/or legal consequences, the Co-op encourages you to consult with your financial or legal advisor before completing it. You should periodically review and, if necessary, update this form.
- The Co-op board must formally accept this registration for it to be effective.

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1. **Governing Law.** I/we acknowledge that this TOD registration is established under and subject to the Uniform Transfer-on-Death Security Registration provisions set forth in the Michigan Estates and Protected Individuals Code, MCL 700.6301 *et seq.*
 2. **Joint Owners.** If your Member Capital is held jointly as tenants with full rights of survivorship, this TOD registration **must be signed by all co-owners**, and will be effective to transfer your member capital to the designated beneficiaries upon the death of the last to die of all joint tenants.
 3. **Beneficiary Designation.**

Trust beneficiary: If you choose to name a trust as a beneficiary, please describe the trust by the name of the present trustee, the name of the trust (if any) and the date of the trust. Example: "John Doe, Trustee of the Doe Family Trust dated December 1, 2016."

Minor beneficiary: If a beneficiary is a minor, the Co-op may transfer the proceeds to a custodian it selects under the applicable state's Uniform Transfers to Minors Act.

I/we revoke all previous designations and direct that my/our member capital in the Co-op be distributed upon my/our death to the designated beneficiary(ies) below.

If any designated Primary Beneficiary(ies) dies before I/we do, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiaries. If any beneficiary survives me/us but fails to survive transfer of his or her entire share, then the remaining portion of such beneficiary's share shall be transferred to such beneficiary's estate.

Note: All stated percentages must be whole percentages (e.g., 33%, not 33.3%) and must add up to 100%.

Primary Beneficiary(ies):

1) _____

First name (print)	Middle initial	Last	
			Percentage %
_____	_____	_____	_____
Relationship	Date of birth (mm/dd/yyyy)		

2) _____
First name (print) Middle initial Last Percentage %

Relationship Date of birth (mm/dd/yyyy)

3) _____
First name (print) Middle initial Last Percentage %

Relationship Date of birth (mm/dd/yyyy)

TOTAL

100%

Contingent beneficiary(ies): *(Complete only if naming a Primary Beneficiary)*

If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent beneficiary(ies) dies before I do, that beneficiary's share will be divided proportionately among the surviving Contingent Beneficiaries.

1) _____
First name (print) Middle initial Last Percentage %

Relationship Date of birth (mm/dd/yyyy)

2) _____
First name (print) Middle initial Last Percentage %

Relationship Date of birth (mm/dd/yyyy)

3) _____
First name (print) Middle initial Last Percentage %

Relationship Date of birth (mm/dd/yyyy)

TOTAL

100%

4. Your Signature.

By signing below, I/we agree to indemnify and hold harmless the Co-op, and its respective officers, managers, members, employees and other agents from and against any and all losses and liabilities (including court costs and reasonable attorney's fees) resulting from the Co-op acting on this TOD Registration Request.

(Printed Name of Member)

X _____
Member's signature

_____/_____/_____
Date (mm/dd/yyyy)

(Printed Name of Joint Member)

X _____
Joint Member's signature (if joint)

_____/_____/_____
Date (mm/dd/yyyy)

Acceptance

This TOD Registration Request is accepted by the Co-op.

KEWEENAW COOPERATIVE, INC.

Date: _____

By: _____

Its: _____

Admin:	Revision?	Date:	Owner #:
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