

Payment on Death (POD) Beneficiary Form

Member Information

Member's Name (last, first, middle)

Account #

Address

City, State, Zip

Phone (home)

Phone (work)

Phone (mobile)

Email

Joint Member's Name (last, first, middle), if applicable

Add Payment on Death (POD) Beneficiary

Beneficiaries listed are automatically included on all accounts unless otherwise noted. For additional beneficiaries, please attach another form.

1.

Beneficiary/POD Payee

2.

Beneficiary/POD Payee

Address

Address

City, State, ZIP

City, State, ZIP

List Percentage for this beneficiary

Social Security Number

List Percentage for this beneficiary

Social Security Number

3.

Beneficiary/POD Payee

4.

Beneficiary/POD Payee

Address

Address

City, State, ZIP

City, State, ZIP

List Percentage for this beneficiary

Social Security Number

List Percentage for this beneficiary

Social Security Number

Delete Existing Payment on Death (POD) Beneficiary

Beneficiary/POD Payee

Beneficiary/POD Payee

Beneficiary/POD Payee

Beneficiary/POD Payee

Authorization

I/We, the undersigned, agree to the terms stated on this form, as an amendment to the account agreement and also agree to the beneficiary(ies) changes indicated.

☐ Please check here if you would like these changes applied to all accounts (i.e., sub account, checking, etc).

Member Signature

Date

Joint Signature (if applicable)

Date