

## 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
3. Beneficiary/POD Payee	4. Beneficiary/POD Payee
Address	Address
City, State, ZIP	City, State, ZIP
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