

Payable on Death Update Form



Adding POD Beneficiary • Removing POD Beneficiary

Owner Info/Security	Owner Name (required)		Member Number	
	Date of Birth ____ / ____ / ____			
	Address (No P.O. Boxes)		Home Phone:	
	City/State	ZIP Code	Cell Phone:	
	Email Address		Business Phone:	

INFO	<p>Did you know that incomplete information can make it difficult for us to find your Payable on Death (POD) Beneficiary(ies)? To help ensure that your Payable on Death (POD) Beneficiary(ies) receive their allocations, it's important that we have complete information on file to locate them at all times. This includes each Payable on Death (POD) Beneficiary(ies) name, address, telephone number, date of birth, Social Security Number or Taxpayer Identification Number and relationship to you. If you haven't already done so, please update your Payable on Death (POD) Beneficiary(ies) with all of this information as soon as possible. And, we also recommend that you review and update your Payable on Death (POD) Beneficiary(ies) information periodically to make sure it continues to be accurate.</p> <p>If you have more than one Payable on Death (POD) Beneficiary, benefits will be divided equally among the living Payable on Death (POD) Beneficiary(ies).</p> <p>Upon the death of the last surviving account owner, I designate the following Payable on Death (POD) Beneficiary(ies) on my Credit Union Savings Account(s), Certificate Account(s), and Checking Account(s): (Social Security Number required. Joint Owners cannot be Payable on Death (POD) Beneficiary(ies). Not for updating IRA beneficiaries. Cross out unused lines.)</p>
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Beneficiary Info 1	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary			
	Choose One: <input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner <input type="checkbox"/> Update Payable On Death Beneficiary for the following account(s) _____			
	Payable on Death Beneficiary Name	Relationship	Social Security Number	Date of Birth
	Home Address, City, State, ZIP			Home Phone

Beneficiary Info 2	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary			
	Choose One: <input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner <input type="checkbox"/> Update Payable On Death Beneficiary for the following account(s) _____			
	Payable on Death Beneficiary Name	Relationship	Social Security Number	Date of Birth
	Home Address, City, State, ZIP			Home Phone

Beneficiary Info 3	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary			
	Choose One: <input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner <input type="checkbox"/> Update Payable On Death Beneficiary for the following account(s) _____			
	Payable on Death Beneficiary Name	Relationship	Social Security Number	Date of Birth
	Home Address, City, State, ZIP			Home Phone

Beneficiary Info 4	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary			
	Choose One: <input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner <input type="checkbox"/> Update Payable On Death Beneficiary for the following account(s) _____			
	Payable on Death Beneficiary Name	Relationship	Social Security Number	Date of Birth
	Home Address, City, State, ZIP			Home Phone

Authorization	<p>Under penalty of perjury, I certify that:</p> <p>I hereby comply with the bylaws, terms and conditions of the Truth in Savings Disclosure and Membership Agreement, any amendments, and all other agreements and disclosures which may change from time to time. I certify that all information provided is true and correct.</p>
	<p>Owner Signature X _____ Date _____</p>

FOR CREDIT UNION USE ONLY	Signature verified by:	Maintenance by:	Date:	Reviewed by:	Date:
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