

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

List Percentage for this beneficiary

3. _____
Beneficiary/POD Payee

4. _____
Beneficiary/POD Payee

Address

Address

City, State, ZIP

City, State, ZIP

Beneficiary/POD Payee

Beneficiary/POD Payee

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.

Member Signature

Date

Joint Signature (if applicable)

Date