

Payable on Death – Designation of Beneficiary

Member Account #: _____ Date: _____
 I/We _____ (owner) and _____ (joint owner
 with right of survivorship), hereby designate the following individuals or Trust as Beneficiary(ies) of the
 following accounts:

- all existing accounts with the same account number and account owners (does not include
 HAS or IRA, other retirement accounts);
- share/savings account; share draft/checking account; money market account;
- share/certificate(s) _____, _____, _____

1

	Name	DOB	Street Address	City/State/ZIP
%*	Social Security #		Relationship	Phone #

*Percentage of distribution. Total must = 100%

2

	Name	DOB	Street Address	City/State/ZIP
%*	Social Security #		Relationship	Phone #

*Percentage of distribution. Total must = 100%

3

	Name	DOB	Street Address	City/State/ZIP
%*	Social Security #		Relationship	Phone #

*Percentage of distribution. Total must = 100%

4

	Name	DOB	Street Address	City/State/ZIP
%*	Social Security #		Relationship	Phone #

*Percentage of distribution. Total must = 100%

5

	Name	DOB	Street Address	City/State/ZIP
%*	Social Security #		Relationship	Phone #

*Percentage of distribution. Total must = 100%

6

	Name	DOB	Street Address	City/State/ZIP
%*	Social Security #		Relationship	Phone #

*Percentage of distribution. Total must = 100%

I/We hereby request a Payable on Death (POD) designation for the beneficiary(ies) listed for the account(s) designated in this application. It is understood and agreed that subject to the credit union's bylaws and applicable state and federal laws, rules, and regulations, that all sums paid into the account(s) may be pledged to the credit union as security for a loan by either me, the joint owner, or both, if applicable; and further that all account funds may be withdrawn in whole or in part by any account owner. Upon the death of all account owners, funds in the account(s) shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then I/we agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally. If none of the beneficiaries survive me/us, the credit union shall pay the funds in the accounts to my/our estate. Payment to the beneficiary after death of the account owners shall constitute a full release and discharge of the credit union and shall be binding upon the heirs, executors, administrators and assigns of the account owners.

I/we agree that the credit union reserves the right to require satisfactory proof of the death of the account owners and the identity of the beneficiary(ies). The designation of the beneficiary(ies) above named supersedes and has the effect of revoking the previous appointment of any other beneficiary. The account owners reserve the right to change or cancel the beneficiary(ies) named above by written instrument in a form satisfactory to the credit union, signed by all account owners, which shall not be effective unless delivered to the credit union during the lifetime of the account owners.

The account owners agree to (1) the terms and conditions of the account as established by the credit union from time to time and (2) to conform to the credit union's By-laws and any amendments thereof.

The credit union is hereby given the right to apply, either before or after the death of the account owners, any balance in this account to the payment of any indebtedness whether due or to become due, of the account owners of the credit union. I/we hereby grant a security interest in the accounts for all loans or other obligations whether jointly or individually made.

SIGNATURE OF: MEMBER/OWNER _____

JOINT OWNER _____

(Pg. #1)
 FRONT

PG#2
BACK

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am not longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF MEMBER _____

DATE _____

(Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners and authorized signers. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow the credit union to identify you. We may ask to see your driver's license or other identifying documents. It may be necessary for the credit union to restrict access or delay the approval of loans pending further verification.

Credit Union _____

Owner Name _____

Mother's Maiden Name _____

Account Number _____

DOB _____

Address _____

Phone Number _____

Alt. Phone Number _____

Employer/Address _____

Phone Number _____

Type of ID Used to Verify Identity _____

ID No. _____

SSN/TIN* _____

Eligibility Based on (If family relationship, specify type of relationship and name of family member.) _____

This application approved by the:

- Board Executive Committee Membership officer

Date _____

Signed _____

(Person representing approver of application.)