

# Payable on Death - Designation of Beneficiary

Account No. \_\_\_\_\_, I, \_\_\_\_\_, the undersigned,  
(Member's Name) please print

do hereby designate \_\_\_\_\_  
(Beneficiary's Name) please print (Relationship, if any)

of \_\_\_\_\_  
(Number) (Street) (City) (State) (zip)

as beneficiary of this account, Subject to the provisions of the agreement and to any statutes relating to such matters, now or hereafter in force, the amount in this share account at the death of this member, shall belong and be paid by this credit union to the beneficiary, if the beneficiary shall survive the member.

The member retains sole ownership of this account during the member's lifetime, and the entire share account may be withdrawn in whole or in part by the member as though a beneficiary had not been designated, except that the member may not assign, pledge or encumber this share account other than to secure indebtedness owing to the credit union. Payment to the beneficiary after the death of the member shall constitute a full release and discharge of the credit union and shall be binding upon the heirs, executors, administrators and assigns of the member.

The credit union reserves the right to require satisfactory proof of the death of the member and the identity of the beneficiary. The designation of the beneficiary above named supersedes and has the effect of revoking the previous appointment of any other beneficiary,

The member reserves the right to change or cancel the beneficiary named above by written instrument in a form satisfactory to the credit union, which shall not be effective unless delivered to the credit union during the lifetime of the member.

The member agrees to (1) the terms and conditions of the account as established by the credit 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 member, any balance in this account to the payment of any indebtedness whether due or to become due, of the member of the credit union.

Date \_\_\_\_\_, \_\_\_\_\_ Signature of Member \_\_\_\_\_

## 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 no 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 \_\_\_\_\_ 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 if you are not a U.S. person.)

Account Number \_\_\_\_\_

**L.E.O. CREDIT UNION, INC.** \_\_\_\_\_ CREDIT UNION

Owner Name \_\_\_\_\_

Address/Phone \_\_\_\_\_

Employer/Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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.)

\*Taxpayer Identification Number

This application approved by the:

- Board     Executive Committee     Membership officer

Date \_\_\_\_\_

Signed \_\_\_\_\_

(Person representing approver of application.)