



# Add a Beneficiary

Payable on Death (POD) Account

Account #:

Member's last name:

First name:

Middle:

Date of birth: / /

Social Security #: - -

Driver's license/I.D.#:

**Payable on Death to (payee):**

Last name:

First name:

Middle:

Home address:

City:

State:

Zip:

Date of birth: / /

Social Security #: - -

Relationship to member:

**For multiple beneficiaries, please fill in below (for more than three beneficiaries, please print out another form).**

**Also Payable on Death to (payee):**

Last name:

First name:

Middle:

Home address:

City:

State:

Zip:

Date of birth: / /

Social Security #: - -

Relationship to member:

**Also Payable on Death to (payee):**

Last name:

First name:

Middle:

Home address:

City:

State:

Zip:

Date of birth: / /

Social Security #: - -

Relationship to member:

**Disclosure information:**

*Designation of Transfer on Death Beneficiary(ies) - We may pay the balance in the account to the beneficiary or beneficiaries you name - only after your death if the beneficiary is then living. You may 1) change beneficiaries, 2) change account types, and 3) withdraw all or part of the balance in this account at any time. If two or more of you create this type of account, you own the account jointly with the right of survivorship.*

*If the laws of the state in which we are located permit, this is a "pay on death" (POD) account. If the laws of the state in which we are located do not permit POD accounts, your deposit will be treated as a "revocable trust," "Totten Trust," or as otherwise required by the laws of the state.*

Member's signature:

Date:

Date of birth: / /

Social Security #: - -

Joint Member's signature (if applicable):

Date:

Date of birth: / /

Social Security #: - -