

**PAYABLE ON DEATH (POD) DESIGNATION**

**Account Activity and Account Type**

<b>New</b>	<b>Update*</b>	<b>Date:</b>	<b>Account No:</b>
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\* If selected, this form will revoke all previous designations as of the effective date printed above.

**Account Ownership**

**PARTY/IES**

Primary Owner	Date of Birth (MM/DD/YYYY)	SSN/TIN
Joint Owner 1	Date of Birth (MM/DD/YYYY)	SSN/TIN
Joint Owner 2	Date of Birth (MM/DD/YYYY)	SSN/TIN

**PAYABLE ON DEATH BENEFICIARIES**

**This form will NOT supersede the right of survivorship granted to Joint Owner/s.**

I/We agree with IDB-IIC Federal Credit Union that the person/s or entity/ies named below is/are designated as Beneficiary/ies. During my/our lifetime, all funds in the account/s shall be owned by all Joint Owner/s on the account. Upon my/our death, all funds will be paid to any surviving Joint Owner. When all owners pass, funds will be divided equally by all surviving Beneficiaries unless different percentages are specified (must total 100%).

Any individual identified on the Application as a Payable on Death (POD) Payee will acquire vested ownership rights in the account only after the death of the last owner and only if the POD payee is living. When the Credit Union receives proof of the death of the last owner of the account, we will close the account and issue separate checks, payable to the surviving POD payee(s). Each owner reserves the right, subject to any requirements or restrictions in the Agreement or imposed by the Credit Union, and without notice to any POD payee, at any time: to close or pledge the account; to remove or change POD payees; to change account type; to change account ownership; and to withdraw all or part of the account balance.

**Beneficiary #1**

Full Name	Date of Birth (MM/DD/YYYY)
Relationship	Percentage
SSN/TIN (Optional)	

**Beneficiary #2**

Full Name	Date of Birth (MM/DD/YYYY)
Relationship	Percentage
SSN/TIN (Optional)	

Beneficiary #3		
_____ <b>Full Name</b>		_____ <b>Date of Birth (MM/DD/YYYY)</b>
_____ <b>Relationship</b>	_____ <b>Percentage</b>	_____ <b>SSN/TIN (Optional)</b>
PAYABLE ON DEATH ACCOUNT INFORMATION		
<p>I/We hereby request a Payable on Death (POD) designation for the beneficiary(ies) listed for the account(s) designated in this application, and I/We agree to the terms, designations, and survivorship designation on this form and on the account agreement.</p> <p>I/We understand that this POD designation applies to all suffixes under this account number including share savings, checking, and share certificates.</p> <p>I/We agree that the surviving beneficiaries will share the distribution equally. This account is not part of the surviving party's estate.</p> <p>I/We understand that the Credit Union is not obligated to notify any beneficiary of the existence of any account nor the vesting of the beneficiary's interest in any account, except as otherwise provided by law.</p>		
Signature		
This agreement applies to the accounts designated (except for IRAs, Business Accounts, and Trust Accounts), using the Account Number above. This agreement will also apply to future accounts opened under this Account Number.		
_____ <b>Signature</b>		_____ <b>Date(MM/DD/YYYY)</b>