

PAY ON DEATH ACCOUNT CARD

ACCOUNT ACTIVITY

New Update Date: _____
 Suffix Number(s) _____

Member No. _____

ACCOUNT OWNERSHIP

PARTY(IES):

_____	Name 1	_____	Date of Birth	_____	Social Security Number
_____	Name 2	_____	Date of Birth	_____	Social Security Number
_____	Name 3	_____	Date of Birth	_____	Social Security Number
_____	Name 4	_____	Date of Birth	_____	Social Security Number

RIGHTS AT DEATH (Select one and initial):

_____ SINGLE – PARTY ACCOUNT WITH A PAY-ON-DEATH DESIGNATION. At death of the party, ownership passes to the designated pay-on-death beneficiaries and is not part of the party's estate. (Name one or more beneficiaries below.)

_____ MULTIPLE – PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND A PAY-ON-DEATH DESIGNATION. At death of the last surviving party, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving party's estate. (Name one or more beneficiaries below.)

X _____ X _____
 Signature 1 Date Signature 2 Date

X _____ X _____
 Signature 3 Date Signature 4 Date

BENEFICIARIES:

NOTE: If the percentage (%) amount(s) below are not completed, one of the following will occur:

If only one (1) beneficiary is indicated, the funds are distributed entirely to that beneficiary if in agreement with the "RIGHTS AT DEATH" selection above.

If two (2) or more beneficiaries are indicated, the funds are divided accordingly if in agreement with the "RIGHTS AT DEATH" selection above.

Name _____ % Name _____ %

Address _____ Address _____

Date of Birth _____ Date of Birth _____

Social Security Number _____ Social Security Number _____

Relationship to Account Owner(s) _____ Relationship to Account Owner(s) _____

Name _____ % Name _____ %

Address _____ Address _____

Date of Birth _____ Date of Birth _____

Social Security Number _____ Social Security Number _____

Relationship to Account Owner(s) _____ Relationship to Account Owner(s) _____