DADE COUNTY FEDERAL
CREDIT UNION
1500 NW 107th Ave.
Doral, FL 33172
(305) 471-5080

Pay on Death Account Card

ACCOUNT ACTIVITY

☐ New ☐ Update Date: **Member No:**

☐ Suffix Number(s)

ACCOUNT OWNERSHIP

PARTY(IES)

Name	Date of Birth	Social Security Number
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 (POD) 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 (POD) 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.)

Signature 1	Date	Signature 2	Date
X		X	
Signature 3	Date	Signature 4	Date
X		X	

00900964-D1611-C-1-050825 (D16114-E) (FL) Rev. 04/06

PRIMARY BENEFICIARIES

NOTE: If the percentage (%) amount(s) below are not completed, one of the following will occur:
If only one (1) primary 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 primary beneficiaries are indicated, the funds are divided accordingly if in agreement with the "RIGHTS AT DEATH" selection above.

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

CONTINGENT BENEFICIARIES

NOTE: If the percentage (%) amount(s) below are not completed, one of the following will occur:
If only one (1) contingent beneficiary is indicated, the funds are distributed entirely to that contingent beneficiary if in agreement with the "RIGHTS AT DEATH" selection above.
If two (2) or more contingent beneficiaries are indicated, the funds are divided accordingly if in agreement with the "RIGHTS AT DEATH" selection above.

The contingent beneficiaries will only be entitled to funds if all of the primary beneficiaries are deceased.

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

Name: _____ _____%
Address: _____
_____
Date of Birth: _____
Social Security Number: _____
Relationship to Account Owner(s): _____

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