



Payable On Death (POD) Beneficiary Designation Form

To designate a POD Beneficiary or Beneficiaries on your account, please complete the information below. This designation applies only to the account identified below. If you have more than one account, a separate Payable on Death Beneficiary Designation form must be completed for each account you own. You may use this form to designate POD Beneficiaries on all types of accounts except Individual Retirement Accounts (IRAs), business accounts or trust accounts.

PART 1: Account Owner Information

_____	_____
Account Number	(Primary Account Owner Full Name)
_____	_____
(Primary Owner SSN)	(Joint Account Owner Full Name)
Account Type(s):	_____
<input type="checkbox"/> All Accounts	_____
<input type="checkbox"/> Designate Specific Accounts:	_____

PART 2: POD Beneficiary Information

I/We designate the following one or more individuals as POD beneficiary(ies) of the above-referenced account, subject to the POD Designation Terms and Conditions set forth below and applicable state law. All information MUST be completed for each POD Beneficiary you designate.

Beneficiary #1

_____	_____	_____	_____
(Full Name – First, Middle, Last)	Social Security Number	Date of Birth	
_____	_____	_____	_____
Principal Residence Address (NO PO Box)	City	State	ZIP
_____	_____	_____	_____
Phone 1	Phone 2	Relationship to Account Owner	



Beneficiary #2

(Full Name – First, Middle, Last)	Social Security Number	Date of Birth
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Principal Residence Address (NO PO Box)	City	State	ZIP
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Phone 1	Phone 2	Relationship to Account Owner
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Beneficiary #3

(Full Name – First, Middle, Last)	Social Security Number	Date of Birth
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Principal Residence Address (NO PO Box)	City	State	ZIP
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Phone 1	Phone 2	Relationship to Account Owner
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Beneficiary #4

(Full Name – First, Middle, Last)	Social Security Number	Date of Birth
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Principal Residence Address (NO PO Box)	City	State	ZIP
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Phone 1	Phone 2	Relationship to Account Owner
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Beneficiary #5

(Full Name – First, Middle, Last)	Social Security Number	Date of Birth	
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Principal Residence Address (NO PO Box)	City	State	ZIP
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Phone 1	Phone 2	Relationship to Account Owner	
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Beneficiary #6

(Full Name – First, Middle, Last)	Social Security Number	Date of Birth	
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Principal Residence Address (NO PO Box)	City	State	ZIP
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Phone 1	Phone 2	Relationship to Account Owner	
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PART 3: POD Designation Terms and Conditions

A Payable on Death Account is an account owned by one or more persons expressing the intent that upon the death of the owner(s), the deposited funds will pass to one or more named beneficiaries. A Payable on Death account can be revoked, terminated, or amended at the discretion of the owner(s).

Upon the death of the sole account owner on an individual account, or the last account owner on a joint account:

A – Any funds remaining in the account referenced above belong to the POD Beneficiary(ies), if all surviving, or to the survivor of them if one or more dies before the death of the sole Account Owner or the last surviving Account Owner.

B – If two or more POD Beneficiaries survive, any funds remaining on deposit belong to them in equal shares, subject to applicable law; and

C – If two or more POD Beneficiaries survive, there is no right of survivorship in the event of death of a POD Beneficiary.

Payment of the funds to any POD Beneficiary is subject to Postal Family Credit Union, Inc.'s (PFCU) right to charge the account for any amount the deceased Account Owner(s) or POD Beneficiary owes the credit union. PFCU may require the submission of



specific legal documents (such as a death certificate and/or POD Beneficiary ID information) prior to the release of funds in the account. Until final payment is made to the POD Beneficiary or Beneficiaries, PFCU shall continue to operate the account according to the terms of the applicable Account Agreement and disclosures, and these POD Designation Terms and Conditions. The terms of the account may not be altered by Will or other testamentary instrument. Certain state law restrictions apply to payable on death accounts. You are solely responsible for complying with applicable law in establishing a payable on death account. PFCU makes no representation that designating your account as a payable on death account is advisable. You should consult with any attorney or other qualified estate planning professional before designating your account as a payable on death account

PART 4: Signatures

I/We hereby direct that the balance remaining in this account shall be payable on death (of the survivor of us) to the above-named POD Beneficiary(ies) that survive me(us):

(Primary Account Owner Signature) Date(mm/dd/yy)

(Joint Account Owner Signature) Date (mm/dd/yy)

(Joint Account Owner Signature) Date (mm/dd/yy)

Please **Fax or Mail** this completed and signed form to:

Postal Family Credit Union, Inc.
1243 West 8th Street
Cincinnati, OH 45203

Fax: 513-345-8726

For PFCU Internal Uses Only:

Date Form received: _____

Date Form processed: _____ OFAC: (attached)

Processed By: (Teller ID and Initials) _____

Approved By: (Supervisor/Membership Officer Initials) _____