



Payable on Death Agreement

New Revised

Member Information

Account Number: _____ DATE: _____

Member Name: _____ Social Security #: _____

Joint Member Name: _____ Social Security #: _____

Joint Member Name: _____ Social Security #: _____

APPLY CHANGE TO: All accounts I/WE have ownership on

If adding different individuals as POD to certain accounts, or if only adding a POD to certain accounts, then a Payable on Death Agreement must be completed and signed for each change/account.

POD Payees

Payee 1: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Payee 2: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Payee 3: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Payee 4: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Payee 5: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Payee 6: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Payee 7: _____ SS #: _____

Birth Date: _____ Relationship to Owner(s): _____

Street: _____ City: _____ State: _____ Zip: _____



Additional Terms

1. This account is subject to applicable federal and state laws and regulations. Ownership of this account cannot be changed by will.
2. This account belongs to the owner(s) of the account, whose name(s) appears above, during the owner's(s') lifetime and belongs to the payee(s) upon the death of the owner(s). The payee(s) have no present right of withdrawal.
3. Where there are two or more P.O.D. payee/payees, the account will belong to the payee/payees who survive the owner(s). Each surviving P.O.D. payee will receive an equal share of the account.
4. The Credit Union may make payment from this account, including payment of the entire account balance to any third party or to the Credit Union, (i) pursuant to any statutory or common law right of set off, lien, levy, attachment or other valid legal process or court order, relating to the interest of any one or more of the parties; and (ii) on request to a trustee in bankruptcy, receiver in any state or Federal insolvency proceeding, or other duly authorized insolvency representative of any one or more of the parties. The Credit Union is not required to determine net contributions.
5. The Credit Union will be protected against liability for all payments made according to applicable state law.
6. This notice does not affect the right of the owner(s) to make withdrawals while alive.
7. The owner(s) of this account may change its form by giving notice to the Credit Union in writing in a format reasonably acceptable to the Credit Union.
8. The owner(s) of this account acknowledges having read this notice and agrees to be bound by it.

Account Owner's Signature

X _____
(Signature of Owner)

X _____
(Signature of Co-Owner) If Joint ownership, signature required.

X _____
(Signature of Co-Owner) If Joint ownership, signature required.

Note to Owner(s): An Affinity Federal Credit Union employee can only notarize those signatures he/she witnesses. Therefore, if you cannot be present when initiating this request, your signature must be witnessed and sealed by a Notary Public before returning this form to Affinity.

- SEAL -

In witness thereof, I have hereunto set my hand and seal this _____ day of _____, 2_____.
Signed, sealed, and delivered in the presence of

Notary Public

Certification

Under penalties of perjury, I/we certify that the Social Security Number information provided on this form is true, correct, and complete. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

X _____
(Signature of Owner)

X _____
(Signature of Co-Owner) If Joint ownership, signature required.

X _____
(Signature of Co-Owner) If Joint ownership, signature required.