

# Payable-On-Death Beneficiary Designation Form



Use this form to change the Beneficiary or Beneficiaries designated to receive the proceeds of your Member account upon your death. By signing this form, you understand and agree to provide reasonable notice so that changes will not be effective until received and processed by Andrews Federal. **You also understand that the changes made on this form will revoke any prior designations.**

Check this box if this form is a continuation from another form, for additional beneficiaries. (Note: all forms must be dated and signed the same to be considered part of the same designation). Form \_\_\_ of \_\_\_

## Member Information

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Beneficiary #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Beneficiary #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Beneficiary #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Beneficiary #4

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Note to Account Holders:** If the account is jointly held, the Beneficiary or Beneficiaries are to receive funds only upon the death of the last surviving account holder. I understand that any owner of the account listed above may request changes to the beneficiaries listed on the account, and that Andrews Federal will rely on the most recently executed beneficiary election when determining who shall receive funds in the event of my (or the last surviving account holders death). If all named beneficiaries die before me (or the last surviving account owner), I understand that my (or the last surviving account owner's estate) is to receive any amount payable. If more than one beneficiary is alive at the time of my (or the last surviving account owner's death), I understand that they will be paid in *equal* shares subject to the terms and conditions set forth in the credit union's Terms and Conditions. ***THIS FORM DOES NOT APPLY TO IRA FUNDS HELD AT ANDREWS FEDERAL CREDIT UNION.***

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office	Processed By _____
Use Only	Date _____