



# PAY-ON-DEATH BENEFICIARY ADD/UPDATE DESIGNATION FORM

MEMBER NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

For all accounts with the member number listed above or specific accounts as indicated, I authorize to:

- Add additional beneficiaries indicated on this form and hereby designate the person(s) whose name(s) appear(s) below as my payable on death payee(s) to receive any and all amounts paid into this account equally, unless otherwise provided.
  
- Update to supersede all previous beneficiaries indicated on this form and hereby designate the person(s) whose name(s) appear(s) below as my payable on death payee(s) to receive any and all amounts paid into this account equally, unless otherwise provided.

## BENEFICIARY 1

NAME	RELATIONSHIP	BIRTHDATE	SSN	%
ADDRESS		CITY	STATE	ZIP

## BENEFICIARY 2

NAME	RELATIONSHIP	BIRTHDATE	SSN	%
ADDRESS		CITY	STATE	ZIP

## BENEFICIARY 3

NAME	RELATIONSHIP	BIRTHDATE	SSN	%
ADDRESS		CITY	STATE	ZIP

## BENEFICIARY 4

NAME	RELATIONSHIP	BIRTHDATE	SSN	%
ADDRESS		CITY	STATE	ZIP

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

