



BENEFICIARY (POD) FORM

Owner Information

Account Name

SSN

Address

City

State

Zip

☐ Home ☐ Cell

Home Phone

Cell Phone

Preferred Phone

☐ Single ☐ Married ☐ Widow

Email

Birth Date

Marital Status

"Payable On Death" Designation (Beneficiaries)

I designate that upon my/our death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminated completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries remain and no contingent beneficiaries are named, my estate will be my beneficiary. (The total percentage designated must equal 100%.)

Beneficiary #1

Beneficiary Name

Date of Birth

SSN

Address

City

State

Zip

%

Relationship

Share

Beneficiary #2

Beneficiary Name

Date of Birth

SSN

Address

City

State

Zip

%

Relationship

Share





"Payable On Death" Contingent Designation (Contingent Beneficiaries)

In the event that all beneficiaries have predeceased me, the balance in the account will be payable to these contingent beneficiaries. (The total percentage designated must equal 100%.)

Contingent Beneficiary #1

Beneficiary Name	Date of Birth	SSN
Address		
City	State	Zip
		%
Relationship	Share	

Contingent Beneficiary #2

Beneficiary Name	Date of Birth	SSN
Address		
City	State	Zip
		%
Relationship	Share	

Acknowledgement and Authorization

The beneficiary designation listed above voids all previous payable on death beneficiary designations. Any individual previously listed as a beneficiary that is no longer listed is considered to be removed as a beneficiary.

Owner

Co-Owner (If Applicable)

Signature	Signature
Print Name	Print Name
Date	Date