



# PAYABLE ON DEATH (POD) DESIGNATION

**NOTE: This form does not designate PODs for IRA or Trust Accounts.**

An IRA Beneficiary (POD) MUST be designated on AFCU Form #424. Use Form #211 to designate a Trust as the Payable on Death.

Member's Name \_\_\_\_\_ Account Number \_\_\_\_\_

**I designate the following person(s) as Payable on Death on this account:**

Legal Name of POD	Date of Birth	SSN/ITIN	
Relationship to Member	Email		
Home Phone	Cell Phone	Work Phone	Foreign Phone (If Applicable)
Physical Address			
Mailing Address (If different than physical address)			

Legal Name of POD	Date of Birth	SSN/ITIN	
Relationship to Member	Email		
Home Phone	Cell Phone	Work Phone	Foreign Phone (If Applicable)
Physical Address			
Mailing Address (If different than physical address)			

Legal Name of POD	Date of Birth	SSN/ITIN	
Relationship to Member	Email		
Home Phone	Cell Phone	Work Phone	Foreign Phone (If Applicable)
Physical Address			
Mailing Address (If different than physical address)			

Legal Name of POD	Date of Birth	SSN/ITIN	
Relationship to Member	Email		
Home Phone	Cell Phone	Work Phone	Foreign Phone (If Applicable)
Physical Address			
Mailing Address (If different than physical address)			

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

_____	_____	_____
Legal Name of POD	Date of Birth	SSN/ITIN
_____	_____	_____
Relationship to Member	Email	
_____	_____	_____
Home Phone	Cell Phone	Work Phone
_____		
Foreign Phone (If Applicable)		
_____		
Physical Address		
_____		
Mailing Address (If different than physical address)		

_____	_____	_____
Legal Name of POD	Date of Birth	SSN/ITIN
_____	_____	_____
Relationship to Member	Email	
_____	_____	_____
Home Phone	Cell Phone	Work Phone
_____		
Foreign Phone (If Applicable)		
_____		
Physical Address		
_____		
Mailing Address (If different than physical address)		

Accounts that are payable to more than one POD beneficiary are owned jointly by such beneficiaries with rights of survivorship.

Only members may sign to add or change a POD. A new designation supersedes any previous designation.

X \_\_\_\_\_ ID (Type, Issuer, Number, Expiration) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Member/Owner

**ALL JOINT OWNERS MUST SIGN IF ADDING A POD TO A MINOR MEMBER'S ACCOUNT**

X _____	_____	_____
Signature of Joint Owner	ID (Type, Issuer, Number, Expiration)	Date
X _____	_____	_____
Signature of Joint Owner	ID (Type, Issuer, Number, Expiration)	Date
X _____	_____	_____
Signature of Joint Owner	ID (Type, Issuer, Number, Expiration)	Date

AFCU Employee Name \_\_\_\_\_ Branch Number \_\_\_\_\_