



200 North 16<sup>th</sup> Street  
 P.O. Box 7480  
 Philadelphia, PA 19101-7480

toll-free 800.806.9465  
 locally 215. 569.3700  
 fax 800.705.9069  
 mail@sb1fcu.org  
 www.sb1fcu.org

## Beneficiary/Trust Account

### Account Information

Account Owner(s): \_\_\_\_\_

Member Number: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ May we contact you by e-mail? ? **Yes** ? **No**

### Totten Trust/Beneficiary/POD Account

Totten Trust/Beneficiary Account- The Owner(s) is/are Trustee(s), and hereby designate the following beneficiary(ies):

Pay-On-Death --In the event of Your death You, the undersigned, a member of the Sb1 Federal Credit Union, hereby designate the following beneficiary(ies):

\_\_\_\_\_  
*Name Relationship to Trustee Social Security Number Date of Birth*

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

All Accounts, or,  
 \_\_\_\_\_  
 a/c# a/c# a/c# a/c#

\_\_\_\_\_  
*Name Relationship to Trustee Social Security Number Date of Birth*

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

All Accounts, or,  
 \_\_\_\_\_  
 a/c# a/c# a/c# a/c#

\_\_\_\_\_  
*Name Relationship to Trustee Social Security Number Date of Birth*

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

All Accounts, or,  
 \_\_\_\_\_  
 a/c# a/c# a/c# a/c#

**Trust Account/PODDesignation.** A Payable on Death (POD) account or trust account designation is an instruction to the Credit Union that a Single or Joint account so designated is payable to the owner(s) during his, her or their lifetime(s) and, when the last account owner dies, payable in equal amounts to any named and surviving POD or trust beneficiary/payee. Accounts payable to more than one surviving beneficiary/payee are owned jointly by such beneficiary/payee without rights of survivorship. Any POD or trust beneficiary/payee designation shall not apply to Individual Retirement Accounts (IRAs) which are governed by a separate beneficiary/payee designation. We are not obligated to notify any beneficiary/payee of the existence of any account or the vesting of the beneficiary/payee's interest in any account, except as otherwise provided by law.

I/We agree that the changes on this form amend the previously signed Membership form and are subject to all terms and conditions of membership in the Sb1 Federal Credit Union.

### Authorization & Agreement

\_\_\_\_\_  
*(owner's signature) (date)*

\_\_\_\_\_  
*(owner's signature) (date)*

\_\_\_\_\_  
*(owner's signature) (date)*

**PLEASE MAKE A COPY OF THIS FORM AND FILE WITH YOUR IMPORTANT PAPERS**

Credit Union Use Only; Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Federally insured by NCUA

Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

**NCUA**

National Credit Union Administration, a U.S. Government Agency