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## Change/Remove Trust/POD Account Beneficiary

### Account Information

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

Member Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

### Change/Remove Trust/POD Account Beneficiary

Change: From: \_\_\_\_\_

To: \_\_\_\_\_  
(please print)

#### Complete for new beneficiary:

\_\_\_\_\_

(relationship to a/c owner)

\_\_\_\_\_

(social security number)

\_\_\_\_\_

(date of birth)

Remove: \_\_\_\_\_

**Trust Account/POD Designation.** 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: \_\_\_\_\_