

U.S. House of Representatives

## **Designation of Pay on Death Beneficiary**

I hereby designate the following Pay on Death (POD) beneficiary(s) on my Congressional Federal Credit Union account listed below. Any POD beneficiary(s) designated on this account prior to this date are hereby revoked.

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Member Account Number:			
Beneficiary Name	Credit Union Account	Credit Union Account Number (if applicable)	
SSN	Date of Birth		
Phone Number	Relationship		
Address			
City	State	Zip	
Beneficiary Name	Credit Union Account	Credit Union Account Number (if applicable)	
SSN	Date of Birth		
Phone Number	Relationship		
Address			
City	State	Zip	
the funds upon the death of the owner of the account or in the access or right to the funds. The owner(s) may change the POI writing and signed by all account owner(s) then living on a form. The funds in the account are transferred to the beneficiaries in a does not apply to the POD beneficiaries. If a beneficiary dies, the tiple party account dies. If no beneficiary survives the last owner by operation of law, not as part of the estate of the owner or law. A POD Beneficiary may not be named for corporate, unin accounts where the relationship is not established solely by the The Credit Union, upon request, may pay sums in an account we	case of a multiple party account, the death of the last survin D beneficiary at any time during their lifetime. Changes in m and in a manner acceptable to the Credit Union. equal proportion upon the death of the owner or in a multiple funds in the account are split equally among the beneficier, the estate of the last living owner is entitled to the funds. ast surviving owner of the account. Incorporated association, charitable or civic organization, paterms of the account. A POD designation in a multiple-payith a POD designation to: (1) one or more of the owners od; or (3) a personal representative, or heirs of a deceased distinct of the owners of the persons named on the account, including beneficiar	the account; (2) the then living beneficiary or beneficiaries in equal party where no personal representative exists, if proof is presented	
Member's Name (please print)	 Member's Signature	Date	
Joint Owner's Name (please print)	Joint Owner's Signature	Date	
Joint Owner's Name (please print)	Joint Owner's Signature	Date	
Employee	FOR OFFICE USE ONLY	Data	