

CVPH Employees Federal Credit Union

Designation of Payable on Death (POD) Beneficiary Form:

Please use this form to designate or change the beneficiary(ies) for the account(s) indicated below.

This form will revoke all prior death beneficiary designations made by you for the account(s) listed below. Please be sure to list all beneficiaries, including existing beneficiaries currently designated on your account(s). Beneficiaries can only be added to all accounts and not just specific sub accounts within a member's account profile.

Check here to **remove** all beneficiaries from the accounts listed below. If checked do not list any beneficiaries.

Please print:

Member's Full Name:

Account Number:

Beneficiary 1:

Full Name of Beneficiary:

Phone Number:

Street Address:

State:

Zip Code:

Beneficiary 2:

Full Name of Beneficiary:

Phone Number:

Street Address:

State:

Zip Code:

Beneficiary 3:

Full Name of Beneficiary:

Phone Number:

Street Address:

State:

Zip Code:

Please review the following and acknowledge by signing below:

Upon the death of all owners, the account(s) will only be paid to the beneficiaries designated on this form. If multiple beneficiaries are designated, funds will be divided equally between all the beneficiaries.

Member's Full Name:

Date of Birth:

Member's Signature:

Date: