



PAYABLE ON DEATH (POD) AGREEMENT

Date: _____

Account number: _____ **Account Type(s):** _____

Account Owner(s): _____

POD Payee: _____

POD Social Security number: _____

POD Date of Birth: _____

POD Address: _____

POD Phone Numbers _____

POD ID/DL #: _____

Relationship of POD to Account Owner: _____

I, the account owner named above, agree with the credit union that the person named above is designated as Payable on Death (POD) payee for the account(s) described above. During my lifetime, all funds paid into or deposited in this account, including any earnings thereon shall be owned by me. Upon my death, all such funds shall be owned equally by all surviving POD payee(s). Any POD payee surviving shall have the right to request equal payment of the funds to all surviving POD payee(s). The request of any other party with the right to request payment, discharges the Credit Union from any liability for such payment. I agree that this account and agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union and its board of directors now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies. I understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account, or the fitness of this account or agreement for any particular purpose.

Account Owner Signature

Social Security Number

Date signed