



Account Beneficiary

Member Name (and Joint Member Name if applicable)

Member Number

Account Activity: Add Update Remove

Applicable Accounts:

All Accounts Specific Share IDs: _____

Rights at Death* (Select one and initial)

_____ **Single Party Account with a Pay-on-Death Designation**

At death of the account owner, ownership passes to the designated pay-on-death beneficiaries and is not part of the owner's estate. (Name one or more beneficiaries below)

_____ **Joint Account with Right of Survivorship and a Pay-on-Death Designation**

At death of the last surviving owner, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving owner's estate. (Name one or more beneficiaries below)

Beneficiaries

Name (1)

Street Address

City State Zip

Phone

Date of Birth Social Security Number

Name (2)

Street Address

City State Zip

Phone

Date of Birth Social Security Number

Name (3)

Street Address

City State Zip

Phone

Date of Birth Social Security Number

Name (4)

Street Address

City State Zip

Phone

Date of Birth Social Security Number

*If there are more than one(1) surviving beneficiaries/payees upon the death of the last account owner, the surviving beneficiaries/payees will be entitled to proceeds from the account in equal shares.

Note: This form is not to be used for HSA or IRA accounts.

Member Signature

Date

For cPort Use: Episys User ID #: _____

New account card signed