

Payable-On-Death Beneficiary Designation Form



Use this form to change the Beneficiary or Beneficiaries designated to receive the proceeds of your Member account upon your death. By signing this form, you understand and agree to provide reasonable notice so that changes will not be effective until received and processed by Andrews Federal. **You also understand that the changes made on this form will revoke any prior designations.**

Check this box if this form is a continuation from another form, for additional beneficiaries. (Note: all forms must be dated and signed the same to be considered part of the same designation). Form ___ of ___

Member Information

Name: _____
Account Number: _____

Beneficiary #1

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Relationship _____ Date of Birth _____
Social Security Number: _____

Beneficiary #2

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Relationship _____ Date of Birth _____
Social Security Number: _____

Beneficiary #3

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Relationship _____ Date of Birth _____
Social Security Number: _____

Beneficiary #4

Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Relationship _____ Date of Birth _____
Social Security Number: _____

Note to Account Holders: If the account is jointly held, the Beneficiary or Beneficiaries are to receive funds only upon the death of the last surviving account holder. I understand that any owner of the account listed above may request changes to the beneficiaries listed on the account, and that Andrews will rely on the most recently executed beneficiary election when determining who shall receive funds in the event of my (or the last surviving account holders death). If all named beneficiaries die before me (or the last surviving account owner, I understand that my (or the last surviving account owner's) estate is to receive any amount payable. If more than one beneficiary is alive at the time of my (or the last surviving account owner's death, I understand that they will be paid in *equal* shares subject to the terms and conditions set forth in the credit union's disclosures.

Member Signature: _____

Date: _____

Office Use Only	Processed By _____
	Date _____