

Designation of Pay on Death Beneficiary

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

Member Account Number:			
Beneficiary Name	Credit Union Accou	Credit Union Account Number (if applicable)	
SSN	Date of Birth		
Phone Number	Relationship		
Address			
City	State	Zip	
Beneficiary Name	Credit Union Accou	nt 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 Powriting and signed by all account owner(s) then living on a factor of the funds in the account are transferred to the beneficiaries in does not apply to the POD beneficiaries. If a beneficiary dies, tiple party account dies. If no beneficiary survives the last ow by operation of law, not as part of the estate of the owner or A POD Beneficiary may not be named for corporate, un accounts where the relationship is not established solely by the Credit Union, upon request, may pay sums in an account	e case of a multiple party account, the death of the last support of the last support of the control of the con	rs of the account; (2) the then living beneficiary or beneficiaries in equa used 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	