



BENEFICIARY FORM

Primary Member's Name _____

Account Number _____

DESIGNATION OF PAYABLE ON DEATH BENEFICIARY(IES)

Print Name _____		Date of Birth _____ / _____ / _____		Relationship _____
Street Address _____	City _____	State _____	Zip Code _____	Telephone Number _____
Print Name _____		Date of Birth _____ / _____ / _____		Relationship _____
Street Address _____	City _____	State _____	Zip Code _____	Telephone Number _____

I/We hereby designate Payable on Death Beneficiary(ies) on the Account # listed above and as such, on death of the owner (or owners, if joint), any sums remaining on deposit not covered by a separate share agreement belong to the surviving payable on death beneficiary(ies). If there is more than one payable on death beneficiary, this share account, when paid shall be paid in equal shares. Any such payment made by the credit union shall satisfy the requirements of the Payable on Death provision, without necessity of determining whether any other person shall have an interest in the account, unless the credit union has been served with process restricting payment on the account in accordance with the terms of such process. This account shall, during the lifetime of the sole owner or joint owner(s), be his/her/their property and under his/her/their sole control and this Designation of Payable on Death Beneficiary(ies) is revocable by being canceled, changing payable on death direction, or otherwise dealing with this account as if there were no payable on death beneficiary. If there is more than one owner, all owners must consent to a revocation or change of beneficiary(ies). This account: (1) is subject to the deduction from the account of all charges owing, withdrawals and the payment of all checks and drafts which clear this account in the regular course of business prior to a request by the payable on death beneficiary(ies) for payment; (2) includes all credits, interest and dividends earned on this account; (3) is not subject to any amendment or change by will or other separate agreement.

Signature _____	Primary Member	_____	Date
Signature _____	Joint Member	_____	Date
Signature _____	Joint Member	_____	Date
Signature _____	Joint Member	_____	Date

City & Police Federal Credit Union will call the number on file for any requests of a beneficiary change via email or fax for verification purposes. The Credit Union will also compare the signature(s) on this form to the signature(s) in file with the Credit Union.

NOTICE REGARDING OFAC CHECK: By Federal Law, all names are verified against the Office of Foreign Asset Controls (OFAC) Specifically Designated Nationals (SCN) list.

CREDIT UNION USE ONLY

Date Received: _____ OFAC Check: _____ Date Account Updated: _____

ID Verified by: Driver's License (in person) Called # listed in system Signature(s) compared

Request Received By: _____