

POD TRUST ACCOUNT (Payable on Death)

Fill out one card for each beneficiary.

Print the beneficiary's information on this form. Enter the primary member's information on the main application.

Claiming multiple beneficiaries and/or account holders is permissible. All parties must sign the main application.

Applicable North Carolina General Statute: I (or we) understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: During my (or our) lifetime I (or we), individually or jointly, may withdraw the money in the account; and by written direction to the Credit Union I (or we), individually or jointly, may change the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or be controlled by will.

Name: _____ Phone: (home) () _____
(First) (Middle) (Last)

(work) () _____

SSN/ITIN: _____ Date of Birth: _____

(mobile) () _____

Relationship to Member: _____

Driver License Number: _____ State: _____

Street Address: _____

Beneficiary's Mother's Maiden Name: _____

City: _____ State: _____ Zip Code: _____

Primary Member's Name: _____

Indicate which deposit account(s) will be held in POD Trust:

All

Only the following: _____