Trust Beneficiary Designation

Membership #	☐ See Trust for Beneficiary Designation

SECTION 1

Beneficiary Information

Last Name	First Name	Middle Initial	Date Of Birth (Optional)
Relationship To Primary		Social Security Or Tax ID #	

Address (Optional)	City (Optional)	State (Optional)	Zip (Optional)

Beneficiary Information

Last Name	First Name	Middle Initial	Date Of Birth (Optional)
Relationship To Primary		Social Security Or Tax ID #	

Address (Optional)	City (Optional)	State (Optional)	Zip (Optional)

Beneficiary Information

Last Name	First Name	Middle Initial	Date Of Birth (Optional)
Relationship To Primary		Social Security Or Tax ID #	

Address (Optional)	City (Optional)	State (Optional)	Zip (Optional)

Beneficiary Information

Last Name	First Name	Middle Initial	Date Of Birth (Optional)
Relationship To Primary		Social Security Or Tax ID #	

Address (Optional)	City (Optional)	State (Optional)	Zip (Optional)

Beneficiary Information

Last Name	First Name	Middle Initial	Date Of Birth (Optional)
Relationship To Primary		Social Security Or Tax ID #	

Address (Optional)	City (Optional)	State (Optional)	Zip (Optional)

☐ Check here if there are additional beneficiaries.

SECTION 2

Account Agreement

This Payable on Death (P.O.D.) beneficiary designation applies to all accounts opened under the membership number listed above, but does not apply to IRAs or Trust Accounts. Upon the death of the last surviving owner of a P.O.D. account, any sums remaining in the account(s) shall be made pay-able and distributed to the surviving P.O.D. beneficiary, or if more than one P.O.D. beneficiary is designated, to the surviving beneficiaries equally. Between P.O.D. beneficiaries, there is no right of survivorship. **This form supersedes all previously signed Beneficiary Designation forms.**

Print Trustee Name	Signature	Date
Print Trustee Name	Signature	Date
Print Trustee Name	Signature	Date
Print Trustee Name	Signature	Date

Signature of all trustees are required.

For Office Use Only

REP#	Office #	Date

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(01/25)