Payable on Death (POD) Designation Agreement

Member Name: _____
Account Number: _____

All joint accounts at SAFE Federal Credit Union are created as a joint tenancy with rights of survivorship. If one or more of the joint owners dies, his or her interest in the account passes to the remaining owners, unless subject to SAFE Federal Credit Union's right of set-off or a pledge of funds in the account(s), in which case all sums in the account(s) will belong to us regardless of contributions, up to the amount of the obligations owed. For additional information, refer to the Membership, Account and Account Services Agreement.

Share or Share Certificate Identification

Select the share or share certificate for which this Payable on Death Designation applies. A separate form is required for each share or share certificate. A separate POD beneficiary form is required for Individual Retirement Accounts ("IRA").

☐ Share Number: _____
☐ Share Certificate Number: _____

Instructions

Indicate whether you are adding or replacing beneficiary(ies): ☐ Add ☐ Replace

Beneficiary Designation and Information

Identify the primary beneficiary(ies) below up to a maximum of five (5). Upon the death of a primary beneficiary, the deceased primary beneficiary's percentage share will be shared equally among any surviving primary beneficiary(ies).

Primary Beneficiary(ies) (required)						
Primary Beneficiary Name	**Address**	**Phone Number**	**Date of Birth**	**SSN or ITIN**	**Relationship**	**Percentage** (must equal 100%)

Identify contingent beneficiary(ies) below, if any, up to a maximum of five (5). Distributions will be made to contingent beneficiary(ies), only if all primary beneficiary(ies) is/are deceased. Upon the death of a contingent beneficiary, the deceased contingent beneficiary's percentage share will be shared equally among any surviving contingent beneficiaries).

Contingent Beneficiary(ies) (optional)						
Primary Beneficiary Name	**Address**	**Phone Number**	**Date of Birth**	**SSN or ITIN**	**Relationship**	**Percentage** (must equal 100%)

Designation Agreement

By signing below, you designate the individual(s) named as your beneficiary(ies) for the account(s) specified above. You agree to the designation of beneficiary(ies) and survivorship indicated and the terms and conditions set forth in this Payable on Death (POD) Designation Agreement, as may be amended from time to time in the sole discretion of SAFE Federal Credit Union ("we," "us" or "our"). You further agree to abide by and are subject to the terms of SAFE Federal Credit Union's Membership, Account and Account Services Agreement, Rate Schedule and Truth-in-Savings Disclosures, Electronic Funds Transfer Agreement and Disclosure, Fee Schedule and Privacy Notice, as may be amended from time to time. You understand that all sums paid into the account(s) may be pledged to SAFE Federal Credit Union as security for a loan by the primary owner or joint owner, or both, and that funds may be withdrawn by any account holder at any time. If the account is a joint account, upon the death of either account holder, SAFE Federal Credit Union may re-title the payable-on-death designated account(s) to the surviving account owner. In addition, all parties to this account acknowledge that the rights of the surviving account holder shall not be abridged and that all surviving account owners shall retain full use and authority over the funds in the account. Upon the death of all the account owners, funds in the account(s) shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally unless a percentage designation is indicated. If a member's Legal Trust is the named beneficiary, this designation shall supersede any individually named beneficiary(ies), and payment will be made in full to the Legal Trust. More than one Legal Trust cannot be named beneficiaries. If there is a discrepancy in the percentage shares identified above and the total does not equal 100%, then the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally. You agree that we reserve the right to enforce a statutory lien against any savings and dividends you have individually or jointly on deposit at SAFE Federal Credit Union if you fail to satisfy any financial obligation owed to us and that this right can be enforced without prior notice.

To effect this request, signatures of all account owners (primary and joint) are required.

Primary Member Name (Print)	Primary Member Signature	Date
Joint Member Name (Print)	Joint Member Signature	Date
Joint Member Name (Print)	Joint Member Signature	Date

FOR INTERAL USE ONLY

Processed By: _____ (Teller Number) Date: _____

[Notary page follows – For signatures outside the presence of a SAFE Federal Credit Union employee only.]

Notary

State of _____
County of _____

On this, the ____ day of _____, 20 ____, _____ (Name of Signer) appeared personally, sworn to and subscribed before me, and executed this Payable on Death (POD Designation Form) for the purposes herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My commission expires: _____ (date)

_____
Notary Public Name (Print)

_____
Notary Public Signature

Notary

State of _____
County of _____

On this, the ____ day of _____, 20 ____, _____ (Name of Signer) appeared personally, sworn to and subscribed before me, and executed this Payable on Death (POD Designation Form) for the purposes herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My commission expires: _____ (date)

_____
Notary Public Name (Print)

_____
Notary Public Signature

Notary

State of _____
County of _____

On this, the ____ day of _____, 20 ____, _____ (Name of Signer) appeared personally, sworn to and subscribed before me, and executed this Payable on Death (POD Designation Form) for the purposes herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My commission expires: _____ (date)

_____
Notary Public Name (Print)

_____
Notary Public Signature