

AGREEMENT FOR POD ACCOUNT

Member Name _____ Account Number _____

Payable on Death (POD) Account Designations

All Accounts Designate Specific Accounts _____

<p>Beneficiary 1</p> <p>Name _____</p> <p>Birthdate _____</p> <p>SSN _____</p>	<p>Beneficiary 2</p> <p>Name _____</p> <p>Birthdate _____</p> <p>SSN _____</p>
<p>Beneficiary 3</p> <p>Name _____</p> <p>Birthdate _____</p> <p>SSN _____</p>	<p>Beneficiary 4</p> <p>Name _____</p> <p>Birthdate _____</p> <p>SSN _____</p>

The undersigned hereby creates a Payable on Death account in Westerra Credit Union and agrees to be bound by the articles of incorporation, bylaws and all regulations of said Credit Union, and by all amendments which may hereafter be made. The account shall belong to the undersigned during his or her lifetime.

The undersigned reserves the right to revoke this account agreement and to change the POD payee(s) of the account at any time, without consent of any beneficiary.

The undersigned agrees that this Agreement for POD Account form supersedes any, and all, previously signed Agreement for POD Account forms.

Upon the death of the undersigned, the entire balance in the account shall be distributed to the POD payee(s) named above that survive the undersigned. The signature of each POD shall be required for the withdrawal of the account proceeds.

Signature _____ Date _____

ID Number _____ Issued By _____ Expiration Date _____

Notarize account owner's signature if not signed in Westerra CU Branch

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

(Notary's official Signature)

Notary Seal

(Commission Expires)

Westerra CU Rep _____