

Pay-On-Death Beneficiary

<p>Use</p> <p>This form is to be used only when designating "Pay-on-Death" beneficiaries</p> <p>This form cannot be used to designate beneficiaries on IRAs, HSAs, or Trust Accounts</p>	<p>Instructions</p> <p>Once completed, submit this form to one of the following:</p> <p>In Person: Any Patelco Credit Union branch</p> <p>By Mail: PO Box 2227, Merced, CA 95344</p> <p>By Fax: 209.384.4391, Attn: E-Services</p> <p>For assistance, please call 800.358.8228 or visit your local branch</p>
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This account or certificate is owned by the named member. Upon the death of the named member, proceeds of this account pass to the named Pay-on-Death beneficiary(ies).

If this account is held in joint tenancy with multiple owners, in the event of death of any named owner, ownership passes to the surviving owner(s). Upon the death of all of the owners, the proceeds of this account pass to the named Pay-on-Death beneficiary(ies). (IRA accounts require a separate designation of beneficiary form.)

Name on Account	Member Number	Suffix
<p>This designation applies to:</p> <p><input type="checkbox"/> Entire account relationship (excluding any IRA accounts)</p> <p><input type="checkbox"/> Only the following specified suffixes: _____</p>		

The following pieces of beneficiary information MUST be provided. Leaving any field blank will delay processing this form.

Name of Beneficiary: _____		SSN: _____	
Full Address: _____		Phone: _____	
Date of Birth: _____	ID # (if applicable): _____		
Relationship: _____		Share: _____	%
Name of Beneficiary: _____		SSN: _____	
Full Address: _____		Phone: _____	
Date of Birth: _____	ID # (if applicable): _____		
Relationship: _____		Share: _____	%
Name of Beneficiary: _____		SSN: _____	
Full Address: _____		Phone: _____	
Date of Birth: _____	ID # (if applicable): _____		
Relationship: _____		Share: _____	%
		TOTAL	%

(Unless you indicate otherwise, funds will be paid to beneficiaries in equal shares)

Member Signature _____ Contact Phone _____ Date _____

Joint Owner Name _____ Signature _____ Contact Phone _____ Date _____

(This form supersedes any previously completed beneficiary form)

Account # _____ Suffix _____ Date _____