



# Designation of Pay on Death Beneficiary

To designate a Beneficiary or Beneficiaries on your account, please complete the information below (one form per account). **For this request to be effective, all account owners are required to sign this form. Any POD beneficiary/beneficiaries designated on this account prior to this date is hereby revoked. This POD Beneficiary Designation form controls all sub-accounts opened under the membership account number listed below, even if the sub-account is opened after the date of this form.** Please complete the necessary information requested below, sign and return the form to CESFCU by one of the following ways:

**Secure Email:** [contactcesfcu@uada.edu](mailto:contactcesfcu@uada.edu) **Fax:** 501.671.2306

**Mail:** CESFCU, 2301 S. University Ave., Little Rock, AR 72204

<b>Member Name</b>	<b>Account Number</b>
<b>Physical Address</b>	<b>Contact Phone</b>

Please designate the beneficiary(s) list below on the following accounts. If the "All Accounts" box is checked, this Agreement will also apply to future accounts opened under the Account Number above, unless a subsequent signature card identifies one or more specific beneficiaries.

All Accounts       Regular Share Savings       Secondary Savings       Additional Savings:

Other Savings:        Certificate Account(s):

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Beneficiary 1:			
<b>Beneficiary Name</b>	<b>Relationship</b>		<b>Distribution Percentage</b>
<b>Physical Address</b>		<b>Date of Birth</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Social Security Number</b>

Beneficiary 2:			
<b>Beneficiary Name</b>	<b>Relationship</b>		<b>Distribution Percentage</b>
<b>Physical Address</b>		<b>Date of Birth</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Social Security Number</b>

If you are designating more than two (2) beneficiaries, list additional names on a separate sheet of paper titled Addendum to Designation of Pay on Death Beneficiary. Sign and date your Addendum and return it with this form. **The most recently signed and dated designation form in CESFCU records will control the account distribution.**

In addition to the Member Account Agreement and Disclosure, the following disclosures apply:

A POD beneficiary or beneficiaries may be named on an individual account or multiple-party account with a Right of Survivorship. The beneficiary or beneficiaries only receive the funds upon death of the owner of the account or, in the case of a multiple party account, the death of the last surviving owner. While the owner(s) are alive, the beneficiary/beneficiaries have no access or right to the funds. The owner(s) may change the POD beneficiary at any time during their lifetime. Changes in the beneficiary designation(s) must be provided to CESFCU in writing on a form and in a manner acceptable to CESFCU and signed by all living account owner(s).

Upon the death of the owner, or, for a multiple party account, upon the death of the last surviving owner, 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 above. You understand and agree that you are responsible for properly designating the respective percentage shares for the respective beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then you agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally. Between POD beneficiaries, there is no Right of Survivorship. If a beneficiary dies, the funds in the account are split equally among the beneficiaries that are alive when the owner or last surviving owner of a multiple party account dies. If no beneficiary survives the last owner, the estate of the last living account owner is entitled to the funds. A POD designation may not be altered by will and the funds pass by operation of law, not as part of the estate of the owner or last surviving owner of the account.

CESFCU shall not be liable for any payment made in good faith reliance on this POD Beneficiary Designation.

I/We hereby agree to the terms and conditions stated herein.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Credit Union Use Only: Complete by: \_\_\_\_\_ Date: \_\_\_\_\_