

# Pay-On-Death Beneficiary Designation All information is confidential



If you would like to designate/change a Beneficiary(ies) on your account, please complete the information below. Contingent beneficiaries are not permitted on regular share accounts. See disclosure below for rights of survivorship. Once this form has been completed and signed by the primary member, you may upload via eBranch by composing an email and attaching the completed form, or return it to any Wescom branch, or mail it to: Wescom Credit Union, P.O. Box 7058, Pasadena, CA 91109-7058, ATTN: Deposit Operations.

PLEASE NOTE: You may use this form to designate Beneficiaries on all accounts **except** IRAs and Trusts. To designate a Beneficiary on your IRA or Trust account, please visit any Wescom branch or call 1-888-4WESCOM for assistance.

## About you

Your Full Name \_\_\_\_\_  
First Middle Last

Account # \_\_\_\_\_

Please designate the beneficiaries below on the following accounts (the two-digit number is located next to the account name on your statement):

All Shares  By checking this box, I request for this selection to apply to all new shares opened beyond the date of my signature below. I will provide a written statement of my desire to terminate the ongoing agreement (applicable only if "all Shares" is selected).

Designated Share(s) only: \_\_\_\_\_

I elect to remove all previously designated beneficiaries and elect not to designate beneficiaries at this time. (If adding/replacing beneficiaries, do not check this box.)

## Beneficiary Designation

\*Percentages must total 100%. Please use whole percentages (no decimal points).

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
(optional)

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
(optional)

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Percent Designated\* \_\_\_\_\_

Percent Designated\* \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
(optional)

Date of Birth \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
(optional)

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Percent Designated\* \_\_\_\_\_

Percent Designated\* \_\_\_\_\_

This account is subject to the terms and conditions set forth in the Credit Union's disclosures. A pay-on-death (POD) account is an account payable on request to one or more Account Owner(s) during their lifetime and on the death of all Account Owners to one or more POD Beneficiaries. POD Beneficiaries have no rights to the funds in the Account during the lifetime of any Account Owner.

On death of the sole Account Owner or of the survivor of two or more Account Owners:

- a. any funds remaining in the Account belong to the POD Beneficiary or Beneficiaries if surviving, or to the survivor of them if one or more die before the death of the sole Account Owner or the last surviving Account Owner;
- b. if two or more POD Beneficiaries survive, any funds remaining on deposit belong to them in equal and undivided shares unless the Account Signature Card expressly provides for different shares; and
- c. if two or more POD Beneficiaries survive, there is no right of survivorship in the event of death of a POD Beneficiary.

The Credit Union may require certain legal documents before releasing funds in the Account. Upon the death of the sole Account Owner or the last surviving Account Owner, payment on a POD account will be made to the Beneficiaries within a reasonable time. Until final payment is made, the Credit Union shall continue to operate the Account according to the terms of this Agreement. The terms of this Account may not be altered by will or other testamentary instrument.

Primary Member Signature \_\_\_\_\_

Date \_\_\_\_\_

