

PLEASE PRINT

MEMBER NUMBER PRINT — LAST NAME FIRST NAME MIDDLE NAME

PAYABLE ON DEATH (P.O.D.) ACCOUNT

Funds will be divided equally if more than one P.O.D. is named.

P.O.D. Payee No. 1

Name (Print) _____ Soc. Sec. or Tax I.D. No. _____

Address _____

Where Born _____ on the _____ day of _____ 19____

Sex _____ color of eyes _____ hair _____ Relationship to Acct. Owner _____

P.O.D. Payee No. 2

Name (Print) _____ Soc. Sec. or Tax I.D. No. _____

Address _____

Where Born _____ on the _____ day of _____ 19____

Sex _____ color of eyes _____ hair _____ Relationship to Acct. Owner _____

X _____
Primary Applicant's Signature Date

X _____
Joint Applicant's Signature Date

SEE REVERSE SIDE FOR PAYABLE ON DEATH AGREEMENT.