



Add Beneficiary – Or a Payable On Death (POD) Designee Form

Please accept this letter as my written request to add the person below as the: Beneficiary POD Designee

List the account number(s) that the above changes should affect below. Separate account numbers with a comma.

Information of Beneficiary or POD Designee:

Beneficiary/POD Designee Name: _____

Social Security: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Signature _____ Date _____

BANK USE ONLY

TO BE COMPLETED BY CSR: New Signature Cards Typed: _____ Teller #: _____ Date: _____