STASH

PAYABLE ON DEATH ("POD")
BENEFICIARY DESIGNATION FORM
STASH BANKING ACCOUNT

Please note: Payable on Death ("POD") Beneficiary Designations are not available to residents in all jurisdictions. POD Accounts are subject to receipt and acceptance by our partner bank, Stride Bank, N.A. ("Stride"). No POD designation will be effected until all required documentation is received and accepted.

☐ This Beneficiary Designation is: An original POD beneficiary designation
☐ A change in beneficiary designation to an existing POD form

ACCOUNT INFORMATION

PRIMARY ACCOUNT HOLDER NAME	BANK ACCOUNT NUMBER 2684_____
SOCIAL SECURITY NUMBER OR TAXPAYER ID	DATE OF BIRTH

BENEFICIARY DESIGNATION

To Stash Cash Management LLC ("Stash") and Stride Bank, N.A. ("Stride"):

I wish to create a payable on death ("POD") registration for the account listed above. I hereby designate the person(s) identified below ("Beneficiary(s)") to receive all monies and any other assets held in the account listed above upon my death. I may change the designation of the beneficiary(s) only by completing a new Payable on Death Beneficiary Designation Form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document, or other testamentary document. Stride may rely on the latest Beneficiary Designation in its possession and no change in Beneficiary shall be effective until received and accepted by Stride.

I understand that Stash has entered into an agreement with Stride with respect to the provision of certain bank account service(s), including maintaining the custody of assets in the account listed above. I also understand that because of the complex legal and tax issues involved, neither Stash nor Stride will advise whether the POD designation is appropriate for tax or estate planning. I acknowledge that the ability to register an account in POD form is created by state law and not all states have enacted such laws. In the event the law of my state does not allow POD designations, I agree that this POD Beneficiary Form will be null and void and have no effect whatsoever. I have been advised that I should consult my own legal and tax advisers before electing or revoking the POD account designation as I deem appropriate.

I hereby designate the person(s) named below as beneficiary(s) to receive the remaining funds in the account listed above upon my death:

PRIMARY BENEFICIARY(S)

If Beneficiary is a Trust: Provide Name of Trust, names of all trustees, and date established

1	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
2	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
3	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
4	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
5	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
6	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	

[1] Totals must equal 100%. Fractional percentages or dollar amounts are not accepted.

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CONTINGENT BENEFICIARY(S)

If Beneficiary is a Trust: Provide Name of Trust, names of all trustees, and date established

1	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
2	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
3	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
4	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
5	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	
6	NAME OF BENEFICIARY		RELATIONSHIP	% OF BENEFIT
	ADDRESS			
	TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/TAXPAYER ID	

Rev. 09/07/2021 I understand that upon my death you may require my Beneficiary(s) to provide you with certain documents as you may deem necessary prior to disbursing the remaining funds from my POD account to the Beneficiary(s).

I acknowledge and agree that upon my death, distribution will be made to my designated beneficiary(s) in the following manner:

- PRIMARY BENEFICIARY(S)
  - Any interest I may have in this account will be paid in equal proportions, unless otherwise indicated, to the primary beneficiary(s) I have designated
  - If the death of one or more designated Primary Beneficiary(s) precedes my death, the interest they would have received from this account will be paid, upon my death, to my surviving Primary Beneficiary(s) Pro Rata such that 100% is paid to the surviving primary beneficiary(s)

- CONTINGENT BENEFICIARY(S)
  - If none of my Primary Beneficiaries survives me, any interest I have in this account will be paid in equal proportions unless otherwise indicated to the Contingent Beneficiary(s) I have designated
  - If the death of one or more designated Contingent Beneficiary precedes my death, the interest they would have received from this account will be paid, upon my death, to my surviving Contingent Beneficiary(s) Pro Rata such that 100% is paid to the surviving Contingent Beneficiary(s)

- NO SURVIVING BENEFICIARY(S)
  - If none of the Primary or Contingent Beneficiaries I have designated survives me, any remaining funds I may have in this account shall pass as if my Payable on Death instructions did not exist

In consideration for establishing this registration and accepting the Beneficiary Designation, I (including my estate(s), heir(s), spouse, successors in interest, and all Beneficiaries named herein) shall indemnify and hold harmless Stash and Stride (and all affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs and liabilities, including attorneys' fees, by person or entity arising out of or relating to this account registration and transfers hereunder.

MISCELLANEOUS PROVISIONS

- Each of Stash and Stride reserves the right to refuse to accept or renew this POD Beneficiary Designation Form and may terminate it at any time in its sole discretion and for any reason.

- If any provision hereof is or at any time should become inconsistent with any present or future law, rule or regulation of any securities or commodities exchange or of any state or other sovereign government or an agency or regulatory body thereof, and if any of these entities have jurisdiction over the subject matter of this POD Beneficiary Designation Form, said provision shall be deemed to be superseded or modified to conform to such law, rule or regulation, but in all other respects the POD Beneficiary Designation Form shall continue and remain in full force and effect.

- The provisions of this POD Beneficiary Designation Form, including indemnities stated herein, shall be binding upon the Account Holder's estate, Beneficiaries, heirs, executors, administrators, successors, and assigns, shall insure to the benefit of each of Stash and Stride as your respective successors, assigns and affiliated companies, and shall survive the termination of this POD Beneficiary Designation Form or the POD Account.

Rev. 09/07/2021 (69448P)

SIGNATURES

ACCOUNT OWNER SIGNATURE	
ACCOUNT OWNER NAME	DATE

SIGNATURE OF SPOUSE[3]	
NAME OF SPOUSE	DATE

[3] Signature of the spouse is required if the spouse and/or Account Holder reside(s) in a Community Property or Marital Property State, and the spouse is not an account holder, or named as the sole primary beneficiary. By signing, spouse voluntarily and irrevocably consents to the beneficiary designation and to Stash paying all sums due upon death as designated above subject to the provisions of this Payable on Death (POD) Beneficiary Designation Form.