RiverLand FEDERAL CREDIT UNION

PAYABLE ON DEATH JOINT ACCOUNT DESIGNATION

Account # *{RFCU use only}* _____

Member Name:	
Joint Owner Name:	**Joint Owner Name:**

Payable on Death (POD) designation is applicable to: (*Initial one. This form will not be accepted if neither line is initialed.*)

_____ _____ _____
*Initial***s** *Initial***s** *Initial***s**

This Share account and all accounts now or hereafter owned as sub-accounts under this share account number; (except any Individual Retirement Account (IRA) and Health Savings Accounts (HSA)) or;

_____ _____ _____
Initials *Initial***s** *Initial***s**

The following specifically designated sub-accounts:

_____ _____ _____

This designation shall remain in effect until all account owners provide notice in writing of a change in POD designation. Upon the death of the last Account owner, and not earlier, the funds of the Account(s), together with the dividends and/or interest accruing thereto, shall belong equally (unless otherwise notated below) to the said beneficiaries. Should any beneficiary be deceased at the time of the last Account owner's death, said beneficiary's interest shall be divided equally among the surviving beneficiaries. Any Account owner's death shall not affect the validity of any statutory or consensual lien on said Account(s). **THIS POD DESIGNATION SPECIFICALLY REVOKES ANY PRIOR POD DESIGNATION.**

We designate the following person(s) as beneficiary(ies) of the funds on deposit in the Account(s):

(Name) (Address) (Social Security #)

(Name) (Address) (Social Security #)

(Name) (Address) (Social Security #)

I designate the following person(s) as contingent beneficiary(ies) if the above listed beneficiary(ies) predecease me:

(Name) (Address) (Social Security #)

(Name) (Address) (Social Security #)

(Name) (Address) (Social Security #)

We, and also our heirs and successors, indemnify and hold harmless the Credit Union, its officers, employees and agents from any loss, claim or damage, including attorney fees, arising from their reliance on this POD designation.

Primary Owner Signature *Date*

Joint Owner Signature *Joint Owner Signature*

RiverLand Federal Credit Union Use Only

Date _____ POD Added By _____ Branch Location _____ Verified By _____