

Payable on Death Form

Connexus Credit Union
 Member Services
 2600 Pine Ridge Blvd
 Wausau, WI 54401
 800.845.5025
 www.connexuscu.org

Date: _____

Member Number: _____

Operator Number: _____

Account Type and Number(s):

Member Information:

Primary Member Name: Last, First, Middle Initial	Social Security No:
Joint Member Name: Last, First, Middle Initial	Social Security No:

I/We, the undersigned, hereby authorize and direct Connexus Credit Union to pay upon my/our deaths, any and all amounts then credited to the account(s) specified above to:

Beneficiary 1: Please provide as much of the requested information below

Name: Last, First, Middle Initial		Social Security No:		Relationship to Member:	
Home Address (no PO Boxes):	City:	State:	Zip Code:	Date of Birth:	Phone Number:

Beneficiary 2: Please provide as much of the requested information below

Name: Last, First, Middle Initial		Social Security No:		Relationship to Member:	
Home Address (no PO Boxes):	City:	State:	Zip Code:	Date of Birth:	Phone Number:

Beneficiary 3: Please provide as much of the requested information below

Name: Last, First, Middle Initial		Social Security No:		Relationship to Member:	
Home Address (no PO Boxes):	City:	State:	Zip Code:	Date of Birth:	Phone Number:

Beneficiary 4: Please provide as much of the requested information below

Name: Last, First, Middle Initial		Social Security No:		Relationship to Member:	
Home Address (no PO Boxes):	City:	State:	Zip Code:	Date of Birth:	Phone Number:

Please attach a separate sheet if additional PODs are requested

This authorization supersedes request denoted in any past or future will and will revoke all prior P.O.D. designations. Any POD or joint account survivorship feature of this account shall apply without regard to any requirement to survive an event by any specified period.

Provided, however, that such payment shall be subject to the bylaws and amendments thereto of Connexus Credit Union, any restrictions or limitations imposed by applicable law, and any right which the credit union may have to apply amounts now or hereafter credited to such joint account to the payment of any indebtedness which we now have or may then have to the credit union.

Upon the death of all account owner Parties, funds in the account shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally.

X _____
Primary Member signature **Date**

X _____
Joint Member Signature **Date**

System Update-UAPS: _____
(Initials) (Date)

System Verified By: _____
(Initials) (Date)

OFAC Verified By: _____
(Initials) (Date)