

**CONNEXUS CREDIT UNION
PAYABLE ON DEATH FORM**

This form is for altering POD's/beneficiaries to standard deposit accounts only. If looking to alter HSA or IRA beneficiaries, please contact Connexus Credit Union. Connexus Credit Union does not accept "all future accounts" as a Payable on Death option. Accounts must be specified in the appropriate spaces below.

Member Information

Member Number: _____ Date: _____

Primary Member Name: _____ Social Security Number: _____

Joint Member Name: _____ Social Security Number: _____

Account Information

Type: _____ Suffix: _____ Type: _____ Suffix: _____

Type: _____ Suffix: _____ Type: _____ Suffix: _____

Type: _____ Suffix: _____ Type: _____ Suffix: _____

I/We, the undersigned, hereby authorize and direct Connexus Credit Union to **remove** all beneficiaries from the account(s) specified above without replacement, at this time.

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

Please provide as much of the requested information below as possible

Beneficiary Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address (no PO Boxes): _____

Phone Number: _____ Email: _____

Beneficiary Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address (no PO Boxes): _____

Phone Number: _____ Email: _____

Beneficiary Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address (no PO Boxes): _____

Phone Number: _____ Email: _____

Beneficiary Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address (no PO Boxes): _____

Phone Number: _____ Email: _____

Beneficiary Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address (no PO Boxes): _____

Phone Number: _____ Email: _____

Beneficiary Name: _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Home Address (no PO Boxes): _____

Phone Number: _____ Email: _____

Please attach a separate sheet if additional POD's are requested

This authorization supersedes request denoted in any past or future will and will revoke all prior POD 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

Mailing Address:
Connexus Credit Union
PO Box 8026
Wausau, WI 54402

Fax:
715-847-4748
715-847-4747

Phone Number:
800-845-5025
715-847-4700

Reserved for Credit Union Use Only

Processing Date: _____

OFAC Verified by: _____

System Addition by: _____

Sent for Imaging: _____