



Payable on Death Update Form

Adding/Removing POD Beneficiary

Owner Info/Security	Owner Name (required):		SSN:	Date of Birth:
	Joint Owner Name:		SSN:	Date of Birth:
	Address (no P.O. Boxes):		Home Phone:	
	City/State/ZIP:		Cellphone:	
	Email Address:		Business Phone:	
	<p>To help ensure that your Payable on Death ("POD") Beneficiary(ies) receive their allocations, it is important that we have complete information on file to locate them. This includes each POD Beneficiary's name, address, telephone number, date of birth, Social Security number or Taxpayer Identification Number, and their relationship to you. If you have not already done so, please update all information on your POD Beneficiary(ies) as soon as possible. We recommend you review and update this information periodically for continued accuracy.</p> <p>If you have more than one POD Beneficiary, benefits will be divided equally among the living POD Beneficiary(ies). Joint Account Owners cannot be POD Beneficiary(ies).</p> <p>By completing the information below, you agree that: Upon the death of the last surviving account owner, I designate the following POD Beneficiary(ies) on my Civic Federal Credit Union Savings Account(s), Certificate Account(s), and Checking Account(s).</p>			
Beneficiary Info 1	Type of Change: <input type="checkbox"/> Add Payable on Death Beneficiary <input type="checkbox"/> Remove Payable on Death Beneficiary			
	<input type="checkbox"/> Update Payable on Death Beneficiary for all accounts. Or <input type="checkbox"/> Update Payable on Death Beneficiary on the following accounts:			
	Payable on Death Beneficiary Name:	Relationship:	SSN or TIN (required):	Date of Birth:
	Home Address, City, State, ZIP:			Phone number:
Beneficiary Info 2	Type of Change: <input type="checkbox"/> Add Payable on Death Beneficiary <input type="checkbox"/> Remove Payable on Death Beneficiary			
	<input type="checkbox"/> Update Payable on Death Beneficiary for all accounts. Or <input type="checkbox"/> Update Payable on Death Beneficiary on the following accounts:			
	Payable on Death Beneficiary Name:	Relationship:	SSN or TIN (required):	Date of Birth:
	Home Address, City, State, ZIP:			Phone number:
Beneficiary Info 3	Type of Change: <input type="checkbox"/> Add Payable on Death Beneficiary <input type="checkbox"/> Remove Payable on Death Beneficiary			
	<input type="checkbox"/> Update Payable on Death Beneficiary for all accounts. Or <input type="checkbox"/> Update Payable on Death Beneficiary on the following accounts:			
	Payable on Death Beneficiary Name:	Relationship:	SSN or TIN (required):	Date of Birth:
	Home Address, City, State, ZIP:			Phone number:
	Under penalty of perjury, I certify that:			
	<p>I hereby comply with the bylaws, terms and conditions of the Truth in Savings Disclosure and Membership Agreement, any amendments, and all other agreements and disclosures which may change from time to time. I am applying for membership with Civic Federal Credit Union and certify that all information provided is true and correct. If applicable and if I am of legal age, do hereby authorize Civic Federal Credit Union to investigate my creditworthiness, employment, and income.</p> <p>Certification of Taxpayer Identification Number: 1.) The number shown on this form is my correct taxpayer identification number 2.) I am not subject to backup withholding because (a) I am exempt from backup withholding (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding and 3.) I am a U.S. Citizen or U.S. Resident Alien 4.) The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By crossing out item 2, you certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status. If a W-8 BEN is completed, your signature does not serve to certify this section.</p>			
	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____			
	The Internal Revenue Service does not require consent to any provisions of this document other than the certification required to avoid backup withholding.			
	Owner Signature X			Date:
	Joint Owner Signature X			Date: