



**PAYABLE ON DEATH (POD)
BENEFICIARY DESIGNATION FORM**

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 877.226.2928
www.cfdbankingservices.com

To designate a POD Beneficiary or Beneficiaries on your account, please complete the information below. This designation applies only to the account identified below. If you have more than one account, a separate Payable on Death Beneficiary Designation form must be completed for each account you own. You may use this form to designate POD Beneficiaries on all types of accounts except a business account, Individual Retirement Account ("IRA"), Health Savings Account ("HSA"), or Trust account.

PART 1: Account Owner Information

This form may not be used to designate POD Beneficiaries on business accounts, Individual Retirement Accounts ("IRAs"), Health Savings Accounts ("HSAs"), or Trust accounts.

Primary Account Owner First Name:	MI:	Last Name:
Joint Account Owner First Name: (if applicable):	MI:	Last Name:
Account Number:	Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market

PART 2: POD Beneficiary Information

I designate the following one or more individuals as POD Beneficiary(ies) of the above-referenced account, subject to the POD Designation Terms and Conditions set forth below and applicable state law. Each POD Beneficiary(ies) must be an individual person. **All information must be completed for each POD Beneficiary you designate.**

Beneficiary #1 First Name:	MI:	Last Name:
Street Address:		
City:	State:	Zip: Phone:
Relationship to me:	Date of Birth:	Social Security Number:

Beneficiary #2 First Name:	MI:	Last Name:
Street Address:		
City:	State:	Zip: Phone:
Relationship to me:	Date of Birth:	Social Security Number:

Beneficiary #3 First Name:	MI:	Last Name:
Street Address:		
City:	State:	Zip: Phone:
Relationship to me:	Date of Birth:	Social Security Number:

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Last Name of Primary Account Holder: Account Number:

PART 3: POD Designation Terms and Conditions

A Payable on Death (POD) account is an account payable on request to one or more Account Owner(s) during their lifetime and, on the death of all Account Owners, to one or more POD Beneficiaries. You may close the account, remove or add one or more POD Beneficiaries, and withdraw all or part of the funds in the account. **POD Beneficiaries have no rights to the funds in the account during the lifetime of any Account Owner.**

Upon the death of the sole Account Owner or of the last surviving Account Owner:

- A. Any funds remaining in the account referenced above belong to the POD Beneficiary or Beneficiaries, if both surviving, or to the survivor of them if one or more dies before the death of the sole Account Owner or the last surviving Account Owner;
- B. If two or more POD Beneficiaries survive, any funds remaining on deposit belong to them in equal shares, subject to applicable law; and
- C. If two or more POD Beneficiaries survive, there is no right of survivorship in the event of death of a POD Beneficiary.

Payment of the funds to any POD Beneficiary is subject to the Bank's right to charge the account for any amount the deceased Account Owner(s) or POD Beneficiary owes us. The Bank may require the submission of specific legal documents (such as a death certificate and/or POD Beneficiary ID information) prior to the release of funds in the account. Until final payment is made to the POD Beneficiary or Beneficiaries, the Bank shall continue to operate the account according to the terms of the applicable Account Agreement and disclosures, and these POD Designation Terms and Conditions. The terms of the account may not be altered by Will or other testamentary instrument. Certain state law restrictions apply to payable on death accounts. You are solely responsible for complying with applicable law in establishing a payable on death account. We make no representation that designating your account as a payable on death account is advisable. You should consult with any attorney or other qualified estate planning professional before designating your account as a payable on death account.

PART 4: Signatures - Required

I (we) hereby direct that the balance remaining in this account shall be payable on death (of the survivor of us) to the above-named POD Beneficiary(ies) that survive me (us):

Primary Account Owner Signature:	Date:
Joint Account Owner Signature	Date:

****Spousal Consent (Community Property States – Spousal consent required in community property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI) if spouse is not named as the sole primary POD Beneficiary)**

I, (we) have read the above beneficiary designation and as the spouse of the deposit account owner, I consent to the above designation and I relinquish all my statutory or other rights to all present and future property held hereunder.

Spouse's Signature:	Date:
Notary Signature:	Date:
Notary Seal:	Notary Commission Expiration:
	Notary Jurisdiction:

Please **mail or fax** this completed and signed form to: cfd Banking Services, Attn: Fulfillment Services
409 Silverside Road, Suite 105, Wilmington, DE 19809 • Fax: 302.791.5680