

PAYABLE ON DEATH (POD) BENEFICIARY DESIGNATION FORM

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 or trust account.

PART 1: Account Owner Information

This form may not be used to designate POD Beneficiaries on business or trust accounts.

Primary Account Owner Full Name

Joint Account Owner Full Name (if applicable)

Account Number

Account Type: Checking Savings Money Market

PART 2: POD Beneficiary Information

I/We 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

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Principal Residence Address (no P.O. Box)

City

State

ZIP Code

Relationship to Account Owner

Phone

Beneficiary #2

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Principal Residence Address (no P.O. Box)

City

State

ZIP Code

Relationship to Account Owner

Phone

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Last Name of Primary Account Holder: _____ Account Number: _____

Beneficiary #3

Full Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Principal Residence Address (no P.O. Box)	City	State	ZIP Code
Relationship to Account Owner	Phone		

Beneficiary #4

Full Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	
Principal Residence Address (no P.O. Box)	City	State	ZIP Code
Relationship to Account Owner	Phone		

PART 3: POD Designation Terms and Conditions

A Payable on Death (POD) account is an informal revocable trust account owned by one or more people expressing the intent that upon the death of the owner(s), the deposited funds will pass to one or more named beneficiaries. A revocable trust account can be revoked, terminated, or amended at the discretion of the owner(s).

Upon the death of the sole account owner on an individual account, or the last account owner on a joint account:

- 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 Bancorp Bank's (Bank) right to charge the account for any amount the deceased Account Owner(s) or POD Beneficiary owes the Bank. 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. The Bank makes 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.

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Last Name of Primary Account Holder: _____ Account Number: _____

PART 4: Signatures

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 (mm/dd/yyyy)

Joint Account Owner Signature

Date (mm/dd/yyyy)

Note: Spousal Consent — 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). Notarization of Spouse's Signature is required.

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

Spouse's Signature

Date (mm/dd/yyyy)

Notary Signature

Date (mm/dd/yyyy)

Notary Seal

Notary Commission Expiration

Notary Jurisdiction

Please **fax or mail** this completed and signed form to:

cfb Banking Services Attn: Fulfillment Services
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680