

## Account Information

Account Owner: \_\_\_\_\_ Account Number: \_\_\_\_\_

- All Non-IRA Shares under this account number
- Specific Shares as listed under this account only

Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_  
Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_ Share ID: \_\_\_\_\_

## Beneficiary Information

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Please use an additional Payable on Death form if more than four beneficiaries are assigned.

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## Acknowledgment and Signature

The payable on death designation applies only to the account/share(s) listed on this document and revokes/ replaces any prior payable on death designation. I/We understand that I/We understand that I/We can individually or jointly withdraw the money in these accounts during my/our lifetime. I/We understand that upon death of all account owners these accounts will belong to the named beneficiary(ies), and will not be inherited by my/our heirs, or controlled by will. The provisions set forth in the Membership Agreement with Sharonview Federal Credit Union will govern payment.

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_