



## **Add Beneficiary Instructions**

Thank you for your request to add a beneficiary(s) to your account. Please complete the attached Beneficiary Form (be sure you sign the form) and drop it off at a branch or mail it to:

Eagle Community Credit Union  
PO Box 5196  
Lake Forest, CA 92609-8696

We will add the beneficiary(s) once we receive the form.

If you have any questions, please call our Member Service Center at **(949) 588-9400** or **(800) EAGLE CU**. You can also reach us by e-mail through your secure eMailBox in Online Banking or by visiting any Eagle CU branch.

Thank you for your membership, and we look forward to providing you with a lifetime of financial service.

Sincerely,

Member Services



**PAY-ON-DEATH (P.O.D.) BENEFICIARY DESIGNATION**

- Do not use this form for IRA/ESA/Trust accounts. Complete an IRA/ESA Beneficiary Designation Form for IRA/ESA accounts. Complete a new Trust Account Agreement and Certification of trust for Trust accounts.
- Unless otherwise designated, all beneficiaries will receive equal portions of **ALL FUNDS ON DEPOSIT** excluding IRA/ESA/Trust accounts within this membership. This would include all shares/certificates opened in the future.
- This form supersedes any terms in your will concerning the accounts in question.
- This form supersedes any beneficiary information previously on file. Be sure this form includes ALL beneficiaries you want on this account.
- You can change beneficiary anytime by completing a new Pay-On-Death (P.O.D.) Beneficiary Designation Form.
- Need Help? Call our Member Service Center at (949) 588-9400.

**MEMBER/ACCOUNT INFORMATION**

Member Number \_\_\_\_\_

Print Member Name \_\_\_\_\_

**PRIMARY BENEFICIARY**

The interest of any beneficiary that predeceases me terminates completely. Funds will be disbursed equally among surviving primary beneficiaries.  
 \*Use individual share designation for each beneficiary only if you do not wish for all beneficiaries to receive equal portions of all funds on deposit. This will require a new P.O.D. form when opening new shares/certificates, or when changing the terms of existing certificates.

Individual Share Designation\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name M.I. Last Name Suffix

\_\_\_\_\_/\_\_\_\_\_  
 Residence Address (No PO Box) Phone Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 SSN DOB Relationship

Savings			
Checking			
Money Market			
Certificate			

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name M.I. Last Name Suffix

\_\_\_\_\_/\_\_\_\_\_  
 Residence Address (No PO Box) Phone Number

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 SSN DOB Relationship

Savings			
Checking			
Money Market			
Certificate			

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 First Name M.I. Last Name Suffix

\_\_\_\_\_/\_\_\_\_\_  
 Residence Address (No PO Box) Phone Number

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 SSN DOB Relationship

Savings			
Checking			
Money Market			
Certificate			

CONTINGENT BENEFICIARY on page 2 (Page 1 of 2)



**MEMBER/ACCOUNT INFORMATION**

Member Number \_\_\_\_\_

Print Member Name \_\_\_\_\_

**CONTINUED BENEFICIARY**

Individual Share Designation\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name M.I. Last Name Suffix

\_\_\_\_\_/\_\_\_\_\_  
 Residence Address (No PO Box) Phone Number

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 SSN DOB Relationship

Savings			
Checking			
Money Market			
Certificate			

**CONTINGENT BENEFICIARY**

Funds will be paid to these beneficiaries if ALL primary beneficiaries have predeceased me.

\*Use individual share designation for each beneficiary **only** if you do not wish for all beneficiaries to receive equal portions of all funds on deposit. This will require a new P.O.D. form when opening new shares/certificates, or when changing the terms of existing certificates.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First Name M.I. Last Name Suffix

\_\_\_\_\_/\_\_\_\_\_  
 Residence Address (No PO Box) Phone Number

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 SSN DOB Relationship

Savings			
Checking			
Money Market			
Certificate			

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 First Name M.I. Last Name Suffix

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 Residence Address (No PO Box) Phone Number

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 SSN DOB Relationship

Savings			
Checking			
Money Market			
Certificate			

**ACKNOWLEDGEMENT**

By signing below, you:

- Affirm that the beneficiary designation provided on this form replaces any prior beneficiary designation on record.
- Acknowledge that all beneficiaries will receive equal portions of the funds on deposit; or if you designated individual shares, all beneficiaries will receive equal portions of the funds of the designated shares.

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_