



# Pay on Death (POD) Beneficiary Designation Form

Please complete this form and send it to us via fax at 240-747-3379; email to memberservice@lfcu.org; drop it off at any Lafayette Federal branch location; or mail it to 2701 Tower Oaks Boulevard, Rockville, MD 20852, Attention: Member Service Department.

## Member Information

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

## This POD is Applicable to:

All account types under this member number \_\_\_\_\_

(NOT for use with HSA, IRA or Share Certificates. Use separate specially designated forms).

## Action to be taken:

Add new POD    Modify existing POD    Remove existing POD

Only the primary or joint account holder can add or remove a beneficiary.  
A copy of U.S. Government Issued ID (Driver's License or Passport preferred) is required.

## Beneficiary Information:

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (PO Box not permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (PO Box not permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (PO Box not permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day or Evening Phone: \_\_\_\_\_

Joint Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day or Evening Phone: \_\_\_\_\_

Notice: All beneficiaries are subject to an OFAC review prior to disbursement of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased. Once signed and dated, this form will supersede any previously dated form on file. Funds will be distributed from your account based on the date of the most recent Payable on Death Beneficiary Designation form or Signature Card on file.