Stanford
FEDERAL **CREDIT UNION**
DO MORE. BANK LESS.

DESIGNATION OF BENEFICIARY (SHARES)

Member Name: _____   Member Number: _____

In the event of my death, I, the undersigned, a member of Stanford Federal Credit Union, hereby designate the pay-on-death (P.O.D.) payee(s) indicated below to receive the net amounts on deposit in (choose one):

  Sub Account Numbers: _____, _____, _____
  All of my Accounts

In accordance with the following rules:
1. For accounts that I own as an individual (not jointly owned), all sums on deposit in my accounts are payable as follows:
   a. On request to me during my lifetime;
   b. Upon my death:
      i. First to the Credit Union to the extent of any outstanding matured or unmatured debts owed to the Credit Union by me; and
      ii. Second to my designated P.O.D. payee(s) in accordance with the Distribution Percentages set forth below.
2. If an account is jointly owned, all sums on deposit in such account are payable as follows:
   a. To one or more account owner(s) during their lives;
   b. On the death of ALL of them:
      i. First to the Credit Union to the extent of any outstanding matured or unmatured debts owed to the Credit Union by any of us; and
      ii. Second to one or more P.O.D. payees then surviving in accordance with the Distribution Percentages set forth below.
3. If a P.O.D. payee dies before all of the account owner(s), then, upon the death of ALL of the account owner(s), the surviving P.O.D. payee(s) shall receive the net sums remaining on deposit in accordance with the Distribution Percentages set forth below. All sums payable to the deceased P.O.D. payee shall be (a) divided equally among the surviving P.O.D. payees (if there are more than one) or (b) paid to the surviving P.O.D. payee if only one exists.

POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:	
POD Payee's Street:	City:	State:	ZIP:
POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:	

POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:	
POD Payee's Street:	City:	State:	ZIP:
POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:	

POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:	
POD Payee's Street:	City:	State:	ZIP:
POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:	

POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:	
POD Payee's Street:	City:	State:	ZIP:

(Rev 03/2020)

POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:
POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:

POD Payee's Street:	City:	State:	ZIP:

POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:
POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:

POD Payee's Street:	City:	State:	ZIP:

POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:
POD Payee's Last Name:	POD Payee's First Name:	POD Payee's Middle Initial:

POD Payee's Street:	City:	State:	ZIP:

POD Payee's Social Security No.:	POD Payee's Date of Birth:	Distribution %:

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Member's Signature   **Date**