



AUBURN UNIVERSITY CREDIT UNION  
 Post Office Box 1610  
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**DESIGNATION OF PAY-ON-DEATH BENEFICIARY(IES)**

Add Beneficiary       Remove Beneficiary

**Account Owner's Information**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Identification #: \_\_\_\_\_

**Beneficiary's information**

<b>1</b> Name: _____	<b>3</b> Name: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____
SSN: _____	SSN: _____
Phone #: _____	Phone #: _____

<b>2</b> Name: _____	<b>4</b> Name: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____
SSN: _____	SSN: _____
Phone #: _____	Phone #: _____

**Owner's Signature (s):**

Member's designation of Pay-On-Death (P.O.D.) Beneficiary(ies) who will receive share proceeds of this these account(s) in the event of Member's death or upon the death of the last surviving joint owner appears above and is hereby incorporated. At death of the last surviving party, ownership passes to P.O.D. beneficiary(ies) designated above and is not part of last surviving party's estate.

**Account owners signature must be Notarized.**

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

State of \_\_\_\_\_ County of: \_\_\_\_\_

Given under my hand and Seal of office this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal \_\_\_\_\_ Notary Public

**For Office Use Only**

Date: \_\_\_\_\_ Signature of Processing Employee: \_\_\_\_\_ Branch: \_\_\_\_\_ User #: \_\_\_\_\_