



Designation of Payable on Death Beneficiary(ies)

Member Number: _____

Date: _____

I/We, _____ and _____
(Owner) (Joint Owner)

JTWROS* under the Nonprobate Transfers Law of Missouri (applicable only to the extent utilized herein) hereby designate

_____ presently residing at _____

ss# _____

_____ presently residing at _____

ss# _____

_____ presently residing at _____

ss# _____

_____ presently residing at _____

ss# _____

_____ presently residing at _____

ss# _____

as the beneficiary(ies) on Account# _____ and as such, on death of the owner (or owners, if joint), any sums remaining on deposit not covered by a separate share agreement belong to the surviving payable on death beneficiary(ies).

If there is more than one payable on death beneficiary, this share account, when paid shall be in equal shares to each beneficiary. Any such payment, made by the Credit Union shall satisfy the requirements of this Payable on Death provision, without necessity of determining whether any other person shall have an interest in the account, unless the Credit Union has been served with process restricting payment on the account in accordance with terms of such process.

This account shall, during the lifetime of the sole owner or joint owners be his/her/their property and under his/her/their sole control and this Designation of Payable on Death Beneficiary(ies) is revocable by revoking the designation in writing or by changing pay on death direction. If there is more than one owner, all owners must consent to a revocation or change of beneficiary(ies).

This account: (1) is subject to the deduction from the account of all charges owing, withdrawals and the payment of all checks and drafts which clear this account in the regular course of business prior to a

request by the pay-on death beneficiary(ies) for payments; (2) includes all credit, interest and dividends earned on this account; (3) is not subject to any amendment or change by will or other separate agreement.

Owner(s) hereby grant a security interest in this account for all loans or other obligations to the credit union whether jointly or individually made.

Date: _____ Owner: _____

Witness**: _____ Joint Owner: _____

Joint Owner: _____

*JTWROS means Joint Tenants with Right of Survivorship, or, by the entireties from and after the marriage of the owners. This should be deleted if there is one owner.

**A beneficiary may not be a witness.

Please sign and mail:

For your security, please print, complete, sign and mail the application along with a copy of your driver's license with social security number and another form of ID with your address to:

Neighbors Credit Union
6300 S. Lindbergh
St. Louis, MO 63123

You can also drop it off the branch nearest you.

If your social security number is not on your driver's license please also include a copy of your social security card. If your driver's license address is not current, please include verification of address.

Member's Signature:(X) _____

Today's Date: _____

Joint Signature:(X) _____

Appropriate disclosures will be mailed to you.