## Navy Federal®

# Payable on Death (POD) Designation

Use this application to establish, update, or remove a POD designation and/or beneficiary(ies) on a savings, checking, MMSA, or certificate account(s). For this request to be effective, all account holders are required to sign this form.

A. Primary Member Information				
Name: First			Suffix	Access No.
Navy Federal's Address:			Navy Federal's P	hone Number: 1-888-842-6328
Navy Federal Credit Union	PO Box 3002, Merr	rifield, VA 22116-9887	Deposit Trust Fa	x Number: 703-206-3724
B. Joint Owner Information (Joint	Owner must be the sam	ne Joint Owner on all account(s	s) being designat	ed as POD on this form.)
	name and Access Numbe			
Name: First MI	Last	Suffix	Access No.	Social Security No. (SSN)
Current Home Address: Street Cannot Be a Post Office Box	City	State	·	Date of Birth (MM/DD/YY)
Driver's License, Government ID, or State ID		Issue Date (MM/DD/YY)	Expiration	Date (MM/DD/YY)
ID No.	State	0.5		lo 110 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /
Name: First MI	Last	Suffix	Access No.	Social Security No. (SSN)
Current Home Address: Street Cannot Be a Part Office Rev	t Be a		Zip Code	Date of Birth (MM/DD/YY)
Post Office Box  Driver's License, Government ID, or State ID  Issue Date (MM/DD/YY)  Expiration Date (MM/DD/YY)			Date (MM/DD/YY)	
ID No.	State			
C. Designated Accounts (Choose one.) I understand that a separate change of beneficiary form (NFCU 584) must be completed to effect a change of beneficiary(ies) for any IRA accounts.				
Add POD designation to all existing <b>ind</b> i beneficiary(ies), unless otherwise specifi			hed after this dated	application, with the same
Add POD designation to all existing joint account(s) and any future joint account(s) established after this dated application, with the same beneficiary(ies) and same joint owner(s), unless otherwise specifically indicated in writing received by Navy Federal.				
Add POD designation to existing account accounts. (List account numbers that ap	* *	e same beneficiary(ies) and same joir	nt owner(s) (if applica	able). Does not include future
Savings Account	Savings Account Certificate(s):			
Checking Account				
MMSA				
Jumbo MMSA				
Remove all existing POD designations, applicable, to be effective.	with the same beneficiary(ie	s) and same joint owner(s) (if applica	able). Form must be	signed by all account holders, as
Remove only existing POD designations selected below, with the same beneficiary(ies) and same joint owner(s) (if applicable). Form must be signed by all account holders, as applicable, to be effective. (List account numbers that apply.)				
Savings Account		Certificate(s):		
Checking Account				
MMSA				
Jumbo MMSA				
D. Designate Beneficiary(ies) (Cho				
Assign beneficiary(ies) –I designate the in		pelow as my benefician/lies)		
Replace beneficiary(ies)—I designate the individual(s) or entity named below as my new beneficiary(ies), and hereby revoke all prior beneficiary(ies) designations.  Add beneficiary(ies)—I designate the individual(s) or entity named below as my beneficiary(ies). This supplements, and does not replace, the beneficiary(ies) previously designated. (When adding beneficiaries, if the share percentage of a previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share percentages are indicated or if there is a discrepancy so that the total percentage does not equal 100%, then the				
surviving beneficiaries shall receive equal distributions.  Remove beneficiary(ies)–I remove the individual(s) or entity named below as my beneficiary(ies). Form must be signed by all account holders, as applicable, to be effective.				

Continue on next page.



Ε.	Beneficiary Information-Complete Part I or Part II. (This section does not apply to or affect any type of IRA; Form NFCU 584 must be
	completed to add or change beneficiary(ies) of any IRA account.)

#### Part I - If completing Part One (I), skip Part Two (II).

If a Legal Trust is named as beneficiary, this designation shall supersede any individually named beneficiary(ies), and payment will be made in full to the Legal Trust. Legal Trust Name:

#### Part II (A) Primary Beneficiary (Complete Part II only if you did not complete Part I.)

Upon the death of a Primary Beneficiary, the deceased Primary Beneficiary's percentage share will be shared equally among any surviving Primary Beneficiaries.

Primary Beneficiary(ies) Name(s) (if any)	Address	Date of Birth (MM/DD/YY)	Relationship	Social Security No. (SSN) or ITIN	Percentage (must equal 100%)

### Part II (B) Contingent Beneficiary (Optional)

Distributions will be made to Contingent Beneficiary(ies), only if Primary Beneficiary(ies) is/are deceased. (Upon the death of a Contingent Beneficiary, the deceased Contingent Beneficiary's percentage share will be shared equally among any surviving Contingent Beneficiaries). If a Legal Trust is named as Primary Beneficiary, Contingent Beneficiary(ies) shall not receive proceeds unless the Legal Trust was properly revoked.

Contingent Beneficiary(ies) Name(s) (if any)	Address	Date of Birth (MM/DD/YY)	Relationship	Social Security No. (SSN) or ITIN	Percentage (musicequal 100%)

### F. Survivorship Designation and Disclosure Agreement

I/We hereby request a Payable on Death (POD) designation for the beneficiary (ies) listed for the account(s) designated in this application, and I/we agree to the terms, designations, and survivorship designation on this form.

It is understood and agreed that subject to the credit union's bylaws and applicable state and federal laws, rules, and regulations, all sums paid into the account(s) may be pledged to the credit union as security for a loan by either me, the joint owner, or both, if applicable; and further that all account funds may be withdrawn in whole or in part by any account holder.

I acknowledge that membership at Navy Federal Credit Union comes with certain ongoing responsibilities. By signing this document, my joint owner(s), if any, and I agree to abide by the properly disclosed terms and conditions of all accounts or services that I/we receive at Navy Federal. These terms and conditions are disclosed in accordance with applicable state and federal laws and are provided in the disclosure and agreement forms. If "Joint Account with Survivorship" is selected, then upon the death of either account holder, Navy Federal reserves the right to re-title the POD designated account(s) to the surviving account holder. In addition, all parties to this account acknowledge

that the rights of the surviving account holder shall not be abridged and that all surviving account holders shall retain full use and authority over the funds in the account.

Upon the death of all the account holders, if the designation is "With Survivorship," or upon the death of the primary member if the designation is "No Survivorship," funds in the account(s) shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally unless a percentage designation is indicated. If a member's Legal Trust is the named beneficiary, this designation shall supersede any individually named beneficiary (ies), and payment will be made in full to the Legal Trust.

I/We understand and agree that I/we am/are responsible for properly designating the respective percentage shares for the respective beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then I/we agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally.

I/We have read and agree to the terms and conditions of the Important Disclosure Booklet (NFCU 606). Property may be transferred to the appropriate state if there has been no activity within the time period specified by state law.

I/We understand that Navy Federal reserves the right to enforce a statutory lien against any savings and dividends I/we have individually or jointly on deposit at Navy Federal if I/we fail to satisfy any financial obligation I/we have with Navy Federal. Navy Federal may enforce this right without prior notice.

I/We understand and agree that I/we must notify the credit union if any new account should not be included under this POD designation if I/we have requested that all existing and any future account(s) be included in the POD designation.

The beneficiary designation above shall not apply to any type of Individual Retirement Arrangement (IRA) that I have now or in the future, including savings, money market savings, and certificate IRA accounts. I understand that a separate change of beneficiary form (NFCU 584) must be completed to effect a change of beneficiary(ies) for any IRA account.

Joint Account with Survivorship
(On the death of an owner, the deceased's ownership interest in the account
passes to the surviving account owner.)

Beneficiary(ies) may be changed at any time by submitting a new POD Designation form (NFCU 250), signed by all account holders, as applicable, to be effective.

The survivorship designation on this form shall supersede the designation on all accounts included with this form.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint owners and authorized signers. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. It may be necessary for Navy Federal to restrict account access or delay the approval of loans pending further verification.

Joint Account – No Survivorship
(On the death of an owner, the ownership of the account funds passes to the
beneficiary(ies) as designated, regardless of the survival of the joint owner.)

The survivorship designation on my Payable on Death (POD) account applies to all other POD accounts with the same joint owner, unless specifically designated otherwise for a particular account in writing. If a survivorship option has not been indicated on this application, the account(s) will be designated as Joint Account with Survivorship.

G. Required Signatures				
Signature of Member (Required)	Date (MM/DD/YY)			
<b>▶</b>				
Signature of Joint Owner (As applicable)	Date (MM/DD/YY)			
<b>&gt;</b>				
Signature of Joint Owner (As applicable)	Date (MM/DD/YY)			
<b>•</b>				