



Fill out the following form and submit it either by visiting one of our branch locations, via fax, mail or email.

- This form must be notarized if not signing it in front of a *FAIRWINDS* representative.

Branch Locations: Visit [www.fairwinds.org/locations](http://www.fairwinds.org/locations) for a complete list.

Fax: 407-658-7937

Mail: *FAIRWINDS* Credit Union  
Attn: Member Services  
3087 N. Alafaya Trail  
Orlando, FL 32826

Email: [member\\_services@fairwinds.org](mailto:member_services@fairwinds.org)



# Payable on Death Agreement

| Account Activity  |                        |  |
|---|------------------------|--|
| <input type="checkbox"/> New <input type="checkbox"/> Update  | Account Number:        |  |
| Member Number:  | Date:                  |  |
| Account Ownership   |                        |  |
| Primary Member Name:  | Date of Birth:         | SSN:   |
| Joint 1 Name:   | Date of Birth:         | SSN:   |
| Joint 2 Name:   | Date of Birth:         | SSN:   |
| Rights at Death   |                        |  |
| Select One and Initial:   |                        |  |
| <input type="checkbox"/> _____ Single Party Account. At death of the party, ownership passes as part of the party's estate.   |                        |  |
| <input type="checkbox"/> _____ Single Party Account with a Pay-on-Death designation. At death of the party, ownership passes to the designated pay-on-death beneficiaries and is not part of the party's estate. (Name one or more beneficiaries)   |                        |  |
| <input type="checkbox"/> _____ Multiple Party Account with right of survivorship. At death of the party, ownership passes to the surviving party or parties.  |                        |  |
| <input type="checkbox"/> _____ Multiple Party Account with right of survivorship and a pay-on-death designation. At death of the last surviving party, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving party's estate. (Name one or more beneficiaries)                         |                        |  |
| Acknowledgements  |                        |  |
| I/We acknowledge receipt of the Member Handbook which includes the Payable on Death agreement, and agree to the terms and conditions contained within.  |                        |  |
| <input checked="" type="checkbox"/> _____<br>Signature  | _____ Date             | <input checked="" type="checkbox"/> _____<br>Signature |
| <input checked="" type="checkbox"/> _____<br>Signature  | _____ Date             |  |
| Beneficiaries   |                        |  |
| <b>Name:</b>  | <b>Name:</b>           |  |
| <b>Address:</b>   | <b>Address:</b>        |  |
| <b>City/State/Zip:</b>  | <b>City/State/Zip:</b> |  |
| <b>Date of Birth:</b>   | <b>Date of Birth:</b>  |  |
| <b>SSN:</b>   | <b>SSN:</b>            |  |
| <b>Name:</b>  | <b>Name:</b>           |  |
| <b>Address:</b>   | <b>Address:</b>        |  |
| <b>City/State/Zip:</b>  | <b>City/State/Zip:</b> |  |
| <b>Date of Birth:</b>   | <b>Date of Birth:</b>  |  |
| <b>SSN:</b>   | <b>SSN:</b>            |  |
| <b>Name:</b>  | <b>Name:</b>           |  |
| <b>Address:</b>   | <b>Address:</b>        |  |
| <b>City/State/Zip:</b>  | <b>City/State/Zip:</b> |  |
| <b>Date of Birth:</b>   | <b>Date of Birth:</b>  |  |
| <b>SSN:</b>   | <b>SSN:</b>            |  |
| <i>If this document is not completed in front of a FAIRWINDS Representative, a notary is required to ensure validity.</i>   |                        |  |
| The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____, by _____, who is <input type="checkbox"/> personally known to me or <input type="checkbox"/> who has produced _____ as identification. |                        |  |
| _____<br>(Signature of Notary Public)   |                        | (Notary Seal Stamp)                                    |
| <b>Credit Union Use Only</b>  | <b>Branch:</b>         | <b>Teller Number:</b>                                  |