



Payable On Death Agreement

Option 1: Visit any of our branch locations.

Option 2: Call us at 1.800.443.6887.

Option 3: Print page 2, sign, and send back by mail:

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

If you have any issues or concerns, please contact us at 800.443.6887.

Financial Freedom happens here.®

Payable on Death Agreement



Section 1. Primary Member Information

Member Name (First, M.I., Last)	Member Number
Last 4 digits of SSN	Date of Birth

Section 2. Joint Member Information

Member Name (First, M.I., Last)	
Last 4 digits of SSN	Date of Birth

Member Name (First, M.I., Last)	
Last 4 digits of SSN	Date of Birth

Section 3. Beneficiary Designation

Account Number: _____

☐ I do not wish to designate Payable on Death Beneficiaries at this time; account ownership will pass to my estate.

Full Beneficiary Name	Address	SSN/EIN	Date of Birth	Relationship

Section 4. Acknowledgement

I/We hereby designate the above beneficiary(ies) as Payable on Death beneficiaries for the listed account. This designation does not apply to any other existing or future account(s) you may have with FAIRWINDS Credit Union. This designation automatically revokes any previous Pay on Death designations for this account. I/We understand that the beneficiary(s) have no ownership rights to the account(s) during my/our lifetime. At the death of the last surviving party, ownership passes to the designated Payable on Death beneficiary(ies). If no beneficiary is elected, ownership passes as part of the party's estate. I/We may change or revoke this designation at any time.

Section 5. Signature

Owner Signature (only one signature is required)	Date
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If this document is not completed in front of a FAIRWINDS Representative, a notary is required to ensure validity. The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____, by _____, who is ☐ personally known to me or ☐ who has produced _____ as identification. State of _____ County of _____

Signature of Notary Public

(Seal)

Typed, Printed or Stamped Name

Section 6. Credit Union Use Only

Teller Name	Branch/Department	Date Completed
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