

# WRIGLEY ASSOCIATES CREDIT UNION

## Payable on Death Designation - Supplemental Beneficiary Form

Account Number: \_\_\_\_\_ Name: \_\_\_\_\_

The undersigned, and the Wrigley Associates Credit Union hereby agree that the subject account and any balances therein which exists from time to time shall be held as a Payable on Death Account and that, upon the death of the undersigned, the account shall be payable to and owned by the following designated person(s):

Primary Contingent	%	<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relation</u>
P	_____	_____	( __/__/__ )	_____	_____
P	_____	_____	( __/__/__ )	_____	_____
P	_____	_____	( __/__/__ )	_____	_____
P	_____	_____	( __/__/__ )	_____	_____
P	_____	_____	( __/__/__ )	_____	_____
	100.00%	Total % - must equal 100 %			
C	_____	_____	( __/__/__ )	_____	_____
C	_____	_____	( __/__/__ )	_____	_____
C	_____	_____	( __/__/__ )	_____	_____
C	_____	_____	( __/__/__ )	_____	_____
C	_____	_____	( __/__/__ )	_____	_____
	100.00%	Total % - must equal 100 %			

The undersigned and the Credit Union further agree that:

- (1) The undersigned during his or her lifetime may change any of the designated persons to own the account at his or her death, by a written instrument accepted by the Credit Union, without the knowledge or consent of the designated person(s);
- (2) The undersigned may make additional deposits to and withdraw all or any part of the account at any time, without the knowledge or consent of the designated person(s) to own the account at his or her death, subject to the bylaws and regulations of the Credit Union, and that all withdrawals shall constitute a revocation of the agreement as to the amount withdrawn;
- (3) Upon the death of the undersigned, the person(s) designated to be the owner of the account and the living, shall own the account in equal shares as tenants in common;
- (4) Upon the death of the undersigned, if no person designated to be the owner is then living, the proceeds shall vest in the estate of the undersigned; and
- (5) Any payments made by Credit Union in accordance with this designation prior to the receipt of notice of an adverse claim or a restraining order shall be a complete discharge of the Credit Union's obligations and shall constitute a release of the Credit Union from all claims of any person as to the amount so paid.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**NOTE: This form is NOT to be used with JOINT accounts or with any other account that is not an individually owned account.**