



PAYABLE ON DEATH (POD) ACCOUNT AGREEMENT

AppleFCU.org

P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 703-225-1199

Member Name: First	MI	Last	Suffix	Member No.
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This form will NOT supersede the right of survivorship granted to any Joint Owner(s) via an account signature card

I agree with Apple Federal Credit Union that the person(s) or entity(ies) named below is (are) designated as Beneficiary(ies). During my lifetime, all funds in the account(s) shall be owned by myself and any Joint Owner(s) that may be on the account. Upon my death, all funds will be paid to any surviving Joint Owner that was granted right of survivorship. If upon my death, there is (are) no Joint Owner(s) who have right of survivorship, funds will be divided equally by all surviving Beneficiaries unless different percentages are specified (must total 100%). **Note: A joint account holder cannot be listed as a beneficiary on the account.**

I want my Beneficiary(ies) noted below to apply to ALL my Apple Accounts, current and future shares.

I want my Beneficiary(ies) noted below to apply to ONLY the following shares:

Share ID #

PRIMARY BENEFICIARY #1:

Name:				
Address: Street		City	State	Zip Code
Social Security No. (or ITIN)	Phone No.	Date of Birth (MM/DD/YYYY)	Percentage	

PRIMARY BENEFICIARY #2:

Name:				
Address: Street		City	State	Zip Code
Social Security No. (or ITIN)	Phone No.	Date of Birth (MM/DD/YYYY)	Percentage	

PRIMARY BENEFICIARY #3:

Name:				
Address: Street		City	State	Zip Code
Social Security No. (or ITIN)	Phone No.	Date of Birth (MM/DD/YYYY)	Percentage	

SIGNATURE:

This agreement applies to the accounts designated (except for IRAs, Business Accounts, and Trust Accounts), using my Member Number.

Member's Signature	Date (MM/DD/YYYY)
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PAYABLE ON DEATH (POD) ACCOUNT AGREEMENT (con't)

CONTINGENT BENEFICIARIES: The balance in the account will be payable to these beneficiaries upon death of all primary beneficiaries. Funds will be divided equally by all surviving beneficiaries unless different percentages are specified (must total 100%).

I want my Contingent Beneficiary(ies) noted below to apply to ALL my Apple Accounts, current and future shares.

I want my Contingent Beneficiary(ies) noted below to apply to ONLY the following shares:

Share ID #

CONTINGENT BENEFICIARY #1:

Name:

Address: Street

City

State

Zip Code

Social Security No. (or ITIN)

Phone No.

Date of Birth (MM/DD/YYYY)

Percentage

CONTINGENT BENEFICIARY #2:

Name:

Address: Street

City

State

Zip Code

Social Security No. (or ITIN)

Phone No.

Date of Birth (MM/DD/YYYY)

Percentage

CONTINGENT BENEFICIARY #3:

Name:

Address: Street

City

State

Zip Code

Social Security No. (or ITIN)

Phone No.

Date of Birth (MM/DD/YYYY)

Percentage

SIGNATURE:

This agreement applies to the accounts designated (except for IRAs, Business Accounts, and Trust Accounts), using the Member Number below.

Member Name: First

MI

Last

Suffix

Member No.

Member's Signature



Date (MM/DD/YYYY)