

Payable On Death (POD) Designation



Hawaii Central
FEDERAL CREDIT UNION

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Account Owner(s)

Primary Member Name	Account Number
Joint Member Name(s)	

POD Beneficiary Information

Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship
Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship

Note: If you are designating more than two beneficiaries, list on a separate form "Addendum to POD Beneficiary Designation". Sign and date the addendum and attach to this form. Check here if attaching an Addendum.

Agreement and Authorized Signatures

In addition to the Member Service Agreement disclosures, the following disclosures will apply:	
<ul style="list-style-type: none">• POD Designations on Joint Accounts: All owners of joint accounts possess equal rights to the account with the right of survivorship. Surviving POD beneficiaries can withdraw funds from the account only if all owners of the account are deceased.• You may change the POD beneficiary at any time by completing a new POD Beneficiary Designation form, which will supersede all existing POD designations.• Upon the death of all the account owner(s), the funds in the account will be equally distributed to each named POD beneficiary, when we are provided with each beneficiary's proper identification and proof of death of the last surviving account owner.• I (we) hereby agree to the terms and conditions stated herein and in the Member Service Agreement pertaining to POD designations. This agreement is not valid unless signed by all account owners.	
Primary Member Signature	Date
Joint Member Signature	Date
Joint Member Signature	Date

(This form will supersede all other POD designations on file.)



Account Owner(s)

Primary Member Name	Account Number
Joint Member Name(s)	

Additional POD Beneficiary Information

Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship
Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship
Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship
Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship
Name		HCFCU Account Number (if, any)	
Address			
SSN	Date of Birth	Phone	Relationship

Agreement and Authorized Signatures

I (we) hereby agree to the terms and conditions as stated in page 1 of the POD Beneficiary Designation form and submit this addendum with additional beneficiaries. This addendum is not valid unless signed by all account owners.	
Primary Member Signature	Date
Joint Member Signature	Date
Joint Member Signature	Date

(This form along with the POD Beneficiary Designation Form will supersede all other POD designations on file.)