



Payable on Death Membership Agreement

I/We hereby establish a Payable on Death (POD) Account with Agriculture Federal Credit Union in my/our name(s) payable on my/our death to the beneficiary(ies) designated on this agreement. The account is revocable and can be terminated at the Primary Owner's or Joint Owner's (if any) discretion by removing all funds from the account and informing the Credit Union in writing that the account is to be closed. It is understood the Credit Union does not accept any administrative responsibilities other than those clearly spelled out in this agreement.

The Primary Owner and Joint Owner(s) (if any) agree with each other and the Credit Union that all sums (now and hereafter) paid into this Credit Union account shall be subject to withdrawal by either/any of them, and payment to either/any of them shall be valid and discharge the Credit Union from any liability for such payment.

The Credit Union is hereby instructed to invest all funds in a Share Savings Account unless instructed to invest in other types of Credit Union accounts including, but not limited to, Share Savings, Share Draft Checking, or Share Certificates, by the Primary Owner or Joint Owner (if any). It is agreed that the types of savings, as marked on the previous page, under this account number are covered by this agreement. These accounts will have POD in the title of the account.

Should the Primary Owner predecease the Joint Owner(s), the amount on deposit shall be payable to the Joint Owner(s), or the Joint Owner(s) can retain the POD account. Should the Joint Owner(s) predecease the Primary Owner, the latter will continue to exercise full use and authority over the sums on deposit. A new Joint Owner(s) can be appointed by the survivor.

The Primary Owner and Joint Owners(s) (if any) may change the beneficiary(ies) designated at any time during his/her lifetime by filing a new designation with the Credit Union.

Ordinarily, a Power of Attorney to act on behalf of the Primary Owner or Joint Owner(s) (if any) will not be accepted. If there is written evidence that the Primary Owner and the Joint Owner(s) (if any) are disabled and cannot act on their own behalf, a qualified legal representative may transact business on this account once proper documentation is provided.

Upon the death of the Primary Owner and Joint Owner(s) (if any), the amount on deposit in this account shall be payable to the beneficiary, if living, or if more than one beneficiary, to the surviving beneficiaries in percentages as designated on the agreement or in equal portions if no percentage designation is made. If a beneficiary is a minor or is incompetent, we may distribute the beneficiary's share to the beneficiary's qualified legal representative once proper documentation is provided.

It is understood and agreed that, subject to the provisions of the Credit Union's bylaws and applicable State and Federal laws, rules and regulations, all sums paid into the Share Savings Account may be pledged to the Credit Union as security for a loan or loans to the Primary Owner or Joint Owner(s) (if any).

Payable on Death Designation Agreement

Account #: _____ Share Savings #: _____ Checking #: _____

Share Certificate #: _____

Primary Owner:

Joint Owner: *(attach additional agreements for more than one joint owner)*

Name: _____

Name: _____

Address: _____

Address: _____

Social Security #: _____

Social Security #: _____

Daytime Phone: _____

Daytime Phone: _____

Number of Beneficiaries: _____ *(if more than four beneficiaries, use an additional application)*

Beneficiary(ies)

Name: _____

Name: _____

Address: _____

Address: _____

Social Security #: _____

Social Security #: _____

Relationship: _____

Relationship: _____

Percentage: _____

Percentage: _____

DOB: _____

DOB: _____

Name: _____

Name: _____

Address: _____

Address: _____

Social Security #: _____

Social Security #: _____

Relationship: _____

Relationship: _____

Percentage: _____

Percentage: _____

DOB: _____

DOB: _____

Under penalties of perjury, I/we certify (1) the number shown on this form is the correct taxpayer identification number, and (2) I/we are not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I/we are no longer subject to backup withholding. I/we have received and read a copy of this POD Agreement.

Primary Owner Signature

Date

Joint Owner Signature

Date

Credit Union Representative

Date