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ADD PAYABLE ON DEATH (POD) BENEFICIARY

Member #: _____ Account #: _____ Account #: _____ Account #: _____
Account #: _____ Account #: _____ Account #: _____ Account #: _____
Account #: _____ Account #: _____ Account #: _____ Account #: _____

Section A: Member Information

First Name: _____ MI: _____ Last Name: _____ Soc. Sec. #/TIN: _____

Section B: Payable on Death Beneficiaries

First Name: _____ MI: _____ Last Name: _____
Entity/Trust: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Soc. Sec. #/TIN: _____ DOB: _____

First Name: _____ MI: _____ Last Name: _____
Entity/Trust: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Soc. Sec. #/TIN: _____ DOB: _____

First Name: _____ MI: _____ Last Name: _____
Entity/Trust: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Soc. Sec. #/TIN: _____ DOB: _____

First Name: _____ MI: _____ Last Name: _____
Entity/Trust: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Soc. Sec. #/TIN: _____ DOB: _____

First Name: _____ MI: _____ Last Name: _____
Entity/Trust: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Soc. Sec. #/TIN: _____ DOB: _____

First Name: _____ MI: _____ Last Name: _____
Entity/Trust: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Soc. Sec. #/TIN: _____ DOB: _____

As the member on this account, you authorize changes made and certify, under penalty of perjury, that all information given is true and correct. By signing below you are adding Payable on Death (POD) beneficiaries on all accounts listed above on this application.

 X
Member's Signature _____ Date _____

CU USE ONLY
CU Employee: _____ Person #: _____ Date: _____