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REMOVE 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: _____
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Section B: Payable on Death Beneficiaries

First Name: _____	MI: _____	Last Name: _____
First Name: _____	MI: _____	Last Name: _____
First Name: _____	MI: _____	Last Name: _____
First Name: _____	MI: _____	Last Name: _____
First Name: _____	MI: _____	Last Name: _____
First Name: _____	MI: _____	Last Name: _____

Entity/Trust: _____

Entity/Trust: _____

Entity/Trust: _____

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 removing 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: _____
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