

Owner Info / Security	Owner Name (required)		Member Number	
	Date of Birth ___/___/___		Social Security Number _____ - _____ - _____	
	Address (No P.O. Boxes)		Home Phone: ()	
	City/State	ZIP Code	Cell Phone: ()	
	Email Address:		Business Phone: ()	

INFO	<p>Did you know that incomplete information can make it difficult for us to find your Payable on Death (POD) Beneficiary(ies)? To help ensure that your Payable on Death (POD) Beneficiary(ies) receive their allocations, it's important that we have complete information on file to locate them at all times. This includes each Payable on Death (POD) Beneficiary(ies) name, address, telephone number, date of birth, Social Security Number or Taxpayer Identification Number and relationship to you. If you haven't already done so, please update your Payable on Death (POD) Beneficiary(ies) with all of this information as soon as possible. And, we also recommend that you review and update your Payable on Death (POD) Beneficiary(ies) information periodically to make sure it continues to be accurate.</p> <p>If you have more than one Payable on Death (POD) Beneficiary, benefits will be divided equally among the living Payable on Death (POD) Beneficiary(ies).</p> <p>Upon the death of the last surviving account owner, I designate the following Payable on Death (POD) Beneficiary(ies) on my Credit Union Savings Account(s), Certificate Account(s), and Checking Account(s): (Social Security Number required. Joint Owners cannot be Payable on Death (POD) Beneficiary(ies). Not for updating IRA beneficiaries. Cross out unused lines.)</p>
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Beneficiary Info 1	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary				
	<input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner Or <input type="checkbox"/> Update Payable On Death Beneficiary on the following account(s) _____				
	Payable On Death Beneficiary Name		Relationship	Social Security Number	Date of Birth
	Home Address, City, State Zip			Home Phone: ()	

Beneficiary Info 2	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary				
	<input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner Or <input type="checkbox"/> Update Payable On Death Beneficiary on the following account(s) _____				
	Payable On Death Beneficiary Name		Relationship	Social Security Number	Date of Birth
	Home Address, City, State Zip			Home Phone: ()	

Beneficiary Info 3	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary				
	<input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner Or <input type="checkbox"/> Update Payable On Death Beneficiary on the following account(s) _____				
	Payable On Death Beneficiary Name		Relationship	Social Security Number	Date of Birth
	Home Address, City, State Zip			Home Phone: ()	

Beneficiary Info 4	Type of Change: <input type="checkbox"/> Add Payable On Death Beneficiary <input type="checkbox"/> Remove Payable On Death Beneficiary				
	<input type="checkbox"/> Update Payable On Death Beneficiary for all accounts of which I am primary owner Or <input type="checkbox"/> Update Payable On Death Beneficiary on the following account(s) _____				
	Payable On Death Beneficiary Name		Relationship	Social Security Number	Date of Birth
	Home Address, City, State Zip			Home Phone: ()	

Authorization	<p>Under penalty of perjury, I certify that: I hereby comply with the bylaws, terms and conditions of the Truth in Savings Disclosure and Membership Agreement, any amendments, and all other agreements and disclosures which may change from time to time. I am applying for membership with USALLIANCE and certify that all information provided is true and correct. If applicable and if I am of legal age, do hereby authorize USALLIANCE to investigate my creditworthiness, employment and income. Certification of Taxpayer Identification Number: 1.) The number shown on this form is my correct taxpayer identification number 2.) I am not subject to backup withholding because (a) I am exempt from backup withholding (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS notified me that I am no longer subject to backup withholding and 3.) I am a U.S. Citizen or U.S. Resident Alien 4.) The FATCA code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. By crossing out item 2, you certify that the language related to underreporting does not apply. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status. If a W-8 BEN is completed, your signature does not serve to certify this section. Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ The Internal Revenue Service does not require consent to any provisions of this document other than the certification required to avoid backup withholding.</p>
	<p>Owner Signature X _____ Date _____</p>

<p>For Credit Union use Only: Signature verified by: _____ Maintenance by: _____ Date: _____ Reviewed by: _____ Date: _____</p>
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