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**PAY ON DEATH
 ACCOUNT CARD**

ACCOUNT ACTIVITY

New Update Date: _____

Member No. _____

ACCOUNT OWNERSHIP

PARTY(IES)

Name	Date of Birth	Social Security Number
_____ Name 1	_____ Date of Birth	_____ Social Security Number
_____ Name 2	_____ Date of Birth	_____ Social Security Number
_____ Name 3	_____ Date of Birth	_____ Social Security Number
_____ Name 4	_____ Date of Birth	_____ Social Security Number

RIGHTS AT DEATH (Select one and Initial)

- _____ SINGLE - PARTY ACCOUNT.
At death of the party, ownership passes as part of the party's estate.
- _____ SINGLE - PARTY ACCOUNT WITH A PAY-ON-DEATH DESIGNATION. At death of the party, ownership passes to the designated pay-on-death beneficiaries and is not part of the party's estate. (Name one or more beneficiaries below).
- _____ MULTIPLE - PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.
At death of the party, ownership passes to the surviving party or parties.
- _____ MULTIPLE - PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND A PAY-ON-DEATH DESIGNATION. At death of the last surviving party, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving party's estate. (Name one or more beneficiaries below).

BENEFICIARIES

Name _____	Name _____
Address _____	Address _____
Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
<input type="checkbox"/> Principal Beneficiary	<input type="checkbox"/> Principal Beneficiary
<input type="checkbox"/> Contingent Beneficiary	<input type="checkbox"/> Contingent Beneficiary
_____% Payable Percentage	_____% Payable Percentage
Name _____	Name _____
Address _____	Address _____
Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
<input type="checkbox"/> Principal Beneficiary	<input type="checkbox"/> Principal Beneficiary
<input type="checkbox"/> Contingent Beneficiary	<input type="checkbox"/> Contingent Beneficiary
_____% Payable Percentage	_____% Payable Percentage

X _____
 Signature _____ Date _____