

NEW HAVEN POLICE & MUNICIPAL FEDERAL CREDIT UNION
New Haven, Connecticut

P.O.D (PAYABLE ON DEATH) ACCOUNT AGREEMENT

Account # _____ Account Name _____ Date _____
(Please Print)

I(we) agree with the credit union that the person(s) named below is (are) designated as P.O.D. payee(s). During my (our) lifetime all funds paid into or deposited in this account, including any earnings thereon, shall be owned by me (us jointly), and payment may be made upon my (any of our) request. Upon my death (the death of the last survivor to us), all such funds shall be owned by the P.O.D. payee (s) surviving. Any P.O.D. payee surviving shall have the right to request payment of all or any portion of the funds in the account. Any payment upon my (any of our) request of any other party with the right to request payment, discharges the credit union from any liability for such payment. I(we) agree that this account and agreement are subject to any and all rules, regulations, bylaws, and policies of the credit union and its board of directors now in effect and as amended or adopted hereafter, and agree to pay any charges or fees which may be required or assessed under such rules, regulations, bylaws, and policies.

We understand that an attorney should be consulted regarding the validity of any person's survivorship rights to any funds in this account, or the fitness of this account, or agreement for any particular purpose.

Add/ Delete	Executed by: Acct Owner or Joint Owner Name	P.O.D. (Payee Name)	P.O.D. Payee DOB	POD Payee SSN#

Account Owner Signature _____