



Your dreams. Our mission.

340 Arden Avenue - Glendale, CA 91203 - 800-433-7328 - 818-937-5329 - www.clearpathfcu.org

Designation of Beneficiary Form

Payable on Death (POD): In the event of my death, or the death of all joint owners, I (we) designate the person(s) whose name(s) appears below as my (our) beneficiary(ies) to receive any and all amounts in the accounts designated under this member account number according to the Truth in Savings disclosure. This form overrides any and all previously submitted beneficiary forms. I understand that this form is not effective until received by Clearpath. I (we) may revoke this designation in writing at any time.

Primary Member Name: _____

Account Number: _____

(1)

Name _____ Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ ZIP Code _____

Relationship to Primary Account Holder: _____

(2)

Name _____ Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ ZIP Code _____

Relationship to Primary Account Holder: _____

(3)

Name _____ Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ ZIP Code _____

Relationship to Primary Account Holder: _____

Primary Signature _____

Date _____

Joint Signature _____

Date _____

This Section is for Credit Union Use Only:

OFAC: _____

Processed By: _____
Initials/ User #/ Branch

Date: _____