



Complete and return this form to any branch office OR mail to:  
 Texans Credit Union, Attn: Member Account Services, PO Box 853912, Richardson, TX 75085

**POD(s) may be designated by any account owner. Please include a photocopy of two forms of ID for the account owner signing this form (at least one from the primary list; the second can be from either list). For more info on identification requirements:**  
 Visit "Join Texans" on our website (www.TexansCU.org) or call e-Branch at 972.348.2000 or 800.843.5295

**Payable on Death ("POD") Designation Form**  
 Use a "Designation/Change of Beneficiary" Form for IRAs.

**Member Information**

Primary Member #:	Name of Primary Owner:	
Account #	Account #	Account #
I am the (check one) <input type="checkbox"/> primary <input type="checkbox"/> joint owner on the account(s) indicated above.		

Effective Date of POD Designation: \_\_\_\_\_

**The party signing below designates the person(s) named below as Payable on Death Payee(s) on the account indicated. This POD designation supersedes all prior POD designations on the account(s) referenced above. I agree to save, defend and hold Texans Credit Union harmless from any liability in connection with this POD designation. Per state law, the divorce or annulment of member's marriage may nullify the interests of former spouses or relatives of former spouses named as payable-upon-death beneficiaries. When you name more than one person, your account will be paid pro rata (e.g. 50/50 if 2 persons are listed).**

If no POD is listed below, all prior POD designations are null and void as of the Effective Date.

Name	Date of Birth	SSN	Relationship to Member

**POD(s) may be designated by any owner on the account indicated above, primary or joint.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notary Requirement**

This designation form must be certified by a Notary Public if signer is not present. Please use the space provided below for notary certification.

State of _____ County of _____ Sworn and subscribed before me by:  _____ (print applicant's name)  On the _____ day of _____, 20_____  _____ Notary Public Signature	<i>Notary Seal</i>
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**For Credit Union Use Only**

ID Type & Number: \_\_\_\_\_

Processed by (Name & EID): \_\_\_\_\_ Date: \_\_\_\_\_ Branch # \_\_\_\_\_

Audited by (Name & EID): \_\_\_\_\_ Date: \_\_\_\_\_ Branch # \_\_\_\_\_