



Payable-on-Death Agreement (Excluding IRA, CD's and RLTA accounts)

Account Number(s): _____

Primary Member Information:

Name: _____ Social Security Number: _____

Address: _____

If You would like to establish Your Account as a Payable-on-Death Account and You would like to designate beneficiary(ies), please fill in the appropriate section(s) below. You can change or revoke this designation at any time by completing a new Payable-on-Death designation in the format required by the Credit Union. On the death of the last surviving owner of Your account(s), You hereby designate the following beneficiary(ies) for all accounts listed above.

Beneficiary Name 1	SSN or DOB and Relationship
Beneficiary Name 2	SSN or DOB and Relationship
Beneficiary Name 3	SSN or DOB and Relationship
Beneficiary Name 4	SSN or DOB and Relationship
Beneficiary Name 5	SSN or DOB and Relationship

Primary Owner Signature

Date

*Notary Required if signed outside a Space Coast Credit Union branch:

STATE OF _____
COUNTY OF _____
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____
by _____ who is personally known to me or who has produced their _____ as identification.
_____ Signature of Notary Public
_____ Name of Notary Typed, Printed, or Stamped

Please drop off this form at any SCCU branch, or submit request via fax or mail to the following:

Fax: (321)729-0600

Mail

Space Coast Credit Union
Operations Department
PO Box 419001
Melbourne, FL 32941-9001