



Your life. Your financial watchdog.

Payable-On-Death Designation (Excluding IRAs and Trust 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 beneficiaries, 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 form. All pay-on-death designations are subject to applicable laws and regulations and all terms and conditions of your applicable agreements with Space Coast Credit Union, including, but not limited to, the Membership and Account Agreement.

This Designation only applies to the specific account(s) listed above; this Designation does not apply to any other existing or future account(s) you may have with the Credit Union. This Designation automatically revokes any previous pay-on-death designation for the account(s) listed above. All intended beneficiaries for any account(s) listed above must be listed.

Pay-On-Death Beneficiary(ies)

NAME	ADDRESS	SSN	DOB	RELATIONSHIP

Primary Member Signature

Date

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

STATE OF _____
COUNTY OF _____
The foregoing instrument was acknowledged before me by means of physical presence online notarization, this ____ day of ____, 20__
By _____ (Name of Person Acknowledging).

(Signature of Notary Public)

(Name of Notary Typed, Printed, or Stamped)

Please drop off this form at any SCCU branch, or submit a completed, signed, and properly notarized Designation via email or mail to the following:

Email: Operationsdocuments@sccu.com
Mail:
Space Coast Credit Union
ATTN: Operations Department
PO Box 419001
Melbourne, FL 32941-9001