



**SPACE COAST
CREDIT UNION**

Your life. Your financial watchdog.

CD Payable on Death Agreement

Grantor (Member):

Name:

Social Security Number:

Address:

Account Number:

Grantor/Joint Owner:

Name:

Social Security Number:

Address:

(As Joint Tenants With Rights of Survivorship, if more than one Grantor)

Beneficiary:

Name:

Social Security Number:

Address:

Percentage:

Beneficiary:

Name:

Social Security Number:

Address:

Percentage:

Beneficiary:

Name:

Social Security Number:

Address:

Percentage:

Beneficiary:

Name:

Social Security Number:

Address:

Percentage:

I, as Grantor/Member, and if more than one, them as Joint Owners, with rights of survivorship, and both jointly and severally, now pursuant to and in accordance with Florida Statute, do hereby establish and deposit "Payable on Death" the above named Beneficiary(ies), (to the extent or percentage set forth above), monies which may be placed within the account hereby established.

Payment of part or all of such shares or deposits to such Grantor (s) shall, to the extent of such payment, discharge the liability of the credit union to the Grantor(s) and the Beneficiary(ies), and the credit union shall be under no obligation to see to the application of such payment.

In the event of the death of the last surviving Grantor or joint owner, and if the shares or deposits are so issued or held and the credit union has been given no other written notice of the existence or terms of any trust by Grantor/Member, such shares or deposits and any dividends or interest thereon shall be paid to the beneficiary(ies) (provided the Beneficiary(ies) is at least 18 years of age, and if not, then to the legal Guardian of said Beneficiary(ies); in the case in which there is no surviving Beneficiary, such shares or deposits and dividends or interest thereon shall be paid to the estate of the last surviving party to die.

I hereby make application for a Payable on Death (POD) Account, and agree to conform to the Bylaws or any amendments thereof in Space Coast Credit Union. Members' accounts are not transferable except as allowed.

Signature of Grantor (Member)

Signature of Grantor (Joint Owner)

State of Florida County of _____
The foregoing instrument was acknowledged before me
this _____ day of _____, 20 ____ .
By _____
Personally known ___ OR produced identification _____
Type of identification produced _____

State of Florida County of _____
The foregoing instrument was acknowledged before me
this _____ day of _____, 20 ____ .
By _____
Personally known ___ OR produced identification _____
Type of identification produced _____

NOTARY NAME HERE, Notary Public
My Commission Expires _____

NOTARY NAME HERE, Notary Public
My Commission Expires _____