



Designation of Beneficiary

This form is to be used only when designating "Pay-on-Death" beneficiaries.

This form cannot be used to designate beneficiaries on IRAs, HSAs, or Trust Accounts

Instructions:

Once completed, submit this form:

In Person: Drop off at any CPOECU branch location
By Mail: Chicago Post Office Employees Credit Union,
10025 S. Western Ave, Chicago, IL 60643

For assistance, please call 773-881-2500 or visit your local branch.

This account or certificate is owned by the named member. Upon the death of the named member, proceeds of this account pass to the named Pay-on-Death beneficiary(ies).

If this account is held in joint tenancy with multiple owners, in the event of death of any named owner, ownership passes to the surviving owner(s). Upon the death of all of the owners, the proceeds of this account pass to the named Pay-on-Death beneficiary(ies).

Account Owner Information

First Name

Middle Name

Last Name

Member Account Number

- This form supercedes any previous beneficiary designation you may have on record with CPOECU.
- Beneficiaries may be an individual or a Trust. Neither the primary owner nor a Joint Owner(s) can be designated as beneficiaries on the same Suffix ID.
- Complete all the information requested. Your responses will help us locate your beneficiaries when necessary.
- Unless you indicate otherwise, funds will be paid to beneficiaries in equal shares.

This designation applies to:

Entire account relationship (excluding any IRA accounts)

Only the following specified suffixes: _____

Name of Beneficiary: _____

SSN: _____

Full Address: _____

Phone: _____

Date of Birth: _____

ID# (if applicable): _____

Relationship: _____

Suffix: _____ %

Name of Beneficiary: _____

SSN: _____

Full Address: _____

Phone: _____

Date of Birth: _____

ID# (if applicable): _____

Relationship: _____

Suffix: _____ %

Name of Beneficiary: _____

SSN: _____

Full Address: _____

Phone: _____

Date of Birth: _____

ID# (if applicable): _____

Relationship: _____

Suffix: _____ %

Member Signature

Contact Number

Date