

**Beneficiary Designation**

**PAYMENT ON DEATH AGREEMENT - JOINT OWNERS SUPERSEDE BENEFICIARIES; DO NOT LIST**

**OPTIONAL BENEFICIARY INFORMATION (of beneficiaries listed above)**

BENEFICIARY / POD PAYEE(S)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | | member1$1nput1 | |  | | NAME/RELATIONSHIP | | | member1$1nput2 | |
| SOCIAL SECURITY NUMBER | | | member1$1nput3 |  | | SOCIAL SECURITY NUMBER | | | | member1$1nput4 |
| DATE OF BIRTH | OBI$D01B$1 | | | |  | | DATE OF BIRTH | OBI$D01B$2 | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | | member1$1nput5 | |  | | NAME/RELATIONSHIP | | | member1$1nput6 | |
| SOCIAL SECURITY NUMBER | | | member1$1nput7 |  | | SOCIAL SECURITY NUMBER | | | | member1$1nput8 |
| DATE OF BIRTH | OBI$D01B$3 | | | |  | | DATE OF BIRTH | OBI$D01B$4 | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | | member1$1nput9 | |  | | NAME/RELATIONSHIP | | | member1$1nput10 | |
| SOCIAL SECURITY NUMBER | | | member1$1nput11 |  | | SOCIAL SECURITY NUMBER | | | | member1$1nput12 |
| DATE OF BIRTH | OBI$D01B$5 | | | |  | | DATE OF BIRTH | OBI$D01B6 | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME/RELATIONSHIP | | member1$1nput13 | |  | | NAME/RELATIONSHIP | | | member1$1nput14 | |
| SOCIAL SECURITY NUMBER | | | member1$1nput15 |  | | SOCIAL SECURITY NUMBER | | | | member1$1nput16 |
| DATE OF BIRTH | OBI$D01B$7 | | | |  | | DATE OF BIRTH | OBI$D01B$8 | | | |

By signing below, I/we authorize and direct Altra to pay, upon my/our deaths, any and all amounts then credited to the Account specified to the beneficiary(ies) listed above. (**If more than one beneficiary is named, those living upon my/our deaths shall equally share the proceeds of this Account(s).** Upon the death of all account owners, ownership passes to the P.O.D. beneficiary(ies) listed above. Provided, however, that such payment shall be subject to the bylaws and amendments thereto of Altra, any restrictions or limitations imposed by applicable law, and any right which Altra may have to apply amounts now or hereafter credited to such Account(s) to the payment of any indebtedness which we now have or may then have to Altra. This account is not a marital account.

**MEMBER AUTHORIZATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | member$ign | member$date |  |
| Altra Member Number | Signature ***(to be notarized if mailing in this form)*** | Date | DNA User # |

COMMENTS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NOTARY PUBLIC** | | State of |  | County of |  | *In witness whereof, I hearunto set my hand and seal:* |
| This instrument was acknowledged before me on: *(date)* | | | |  | |
| by (parties to account) | |  | | | |
| My commission expires | |  | | | |
| Signature |  | | | | |
|  | | | | | |
| F-229-102219\_DWH | | | | | | |