



Fill out the following form and submit it either by visiting one of our branch locations, via fax, mail or email.

- This form must be notarized if not signing it in front of a *FAIRWINDS* representative.

Branch Locations: Visit www.fairwinds.org/locations for a complete list.

Fax: 407-658-7937

Mail: *FAIRWINDS* Credit Union
Attn: Member Services
3087 N. Alafaya Trail
Orlando, FL 32826

Email: ccprocessing@fairwinds.org



Payable on Death Agreement

Account Activity

New Update

Member Number: _____

Date: _____

Account Ownership

Primary Member Name: _____

Date of Birth: _____

SSN: _____

Joint 1 Name: _____

Date of Birth: _____

SSN: _____

Joint 2 Name: _____

Date of Birth: _____

SSN: _____

Certificate Number (if applicable): _____

Rights at Death

Select One and Initial:

_____ Single Party Account. At death of the party, ownership passes as part of the party's estate.

_____ Single Party Account with a Pay-on-Death designation. At death of the party, ownership passes to the designated pay-on-death beneficiaries and is not part of the party's estate. (Name one or more beneficiaries)

_____ Multiple Party Account with right of survivorship. At death of the party, ownership passes to the surviving party or parties.

_____ Multiple Party Account with right of survivorship and a pay-on-death designation. At death of the last surviving party, ownership passes to the designated pay-on-death beneficiaries and is not part of the last surviving party's estate. (Name one or more beneficiaries)

Acknowledgements

I/We acknowledge receipt of the Member Handbook which includes the Payable on Death agreement, and agree to the terms and conditions contained within.

✕ _____
Signature Date

✕ _____
Signature Date

✕ _____
Signature Date

Beneficiaries

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

Name: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____