

# DESIGNATION OF BENEFICIARY FORM

## DEPOSITOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACCOUNT NUMBER

\_\_\_\_\_

## DESIGNATION OF BENEFICIARIES

### NAME/ADDRESS

### IDENTIFYING INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PERCENTAGE

SSN  
DOB  
RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PERCENTAGE

SSN  
DOB  
RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PERCENTAGE

SSN  
DOB  
RELATIONSHIP

The undersigned Depositor(whether one or more) designates the persons named above as the beneficiaries/P.O.D payees for the referenced account, subject to the terms specified in the Deposit Agreement and on the reverse hereof.

DATED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

**By signing this form you have authorized CCB to make the changes indicated on this form to the accounts listed.**

**DEPOSITOR**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL TERMS GOVERNING REVOCABLE (TOTTEN) TRUST/P.O.D. ACCOUNTS**

Under this form of ownership, the Depositor (whether one or more) intends that, upon Depositor's death (or the death of all Depositors if more than one), the funds on deposit with Bank in this account, together with all interest earned at that time will be payable to the beneficiary(ies)/payee(s) then designated by Depositor. During Depositor's lifetime, Depositor may withdraw all or any part of the funds in the account; change beneficiaries/payees; close the account; change the type of account or investment; and/or transfer, pledge, hypothecate or assign all or any part of the account or grant a security interest therein. The named beneficiary(ies)/payee(s) shall have no right to withdraw any funds in the account or otherwise to act with respect to the account until the death of the Depositor (or all Depositors if more than one).

Depositor may change the beneficiary/payee designation for this account at any time by delivering written notice of revocation of all prior designations and designating new beneficiary(ies)/payee(s) in writing on a form acceptable to Bank. No other attempted designation shall be valid.

The designated beneficiary(ies)/payee(s) will acquire rights to this account only if surviving at the time of Depositor's death (or the death of all Depositors, if more than one). Should any designated beneficiary(ies)/payee(s) predecease Depositor, then upon Depositor's death Bank shall pay the funds in this account to the surviving beneficiary(ies)/payee(s), or if no designated shall survive Depositor, then Bank shall pay the funds in this account to Depositor's estate, or the estate of the last surviving Depositor (if more than one).

If the designated beneficiary(ies)/payee(s) is/are minor at the time of Depositor's death, Bank shall pay the funds in the account to the custodian for the minor beneficiary(ies)/payee(s).

Prior to distributing any funds from this account to any designated beneficiary(ies)/payee(s) or to any Depositor's estate, the Bank shall require appropriate proof of death in the form of a certified copy of the death certificate of the decedent.

BANK USE ONLY		PORT # _____
PREPARED BY _____	INPUT BY _____	REVIEWED BY _____
DATE _____	DATE _____	DATE _____