

PAY ON DEATH (POD) BENEFICIARY DESIGNATION FORM

MEMBER INFORMATION (please print clearly)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ACCOUNT NUMBER _____

THIS PODB IS APPLICABLE TO:

ALL ACCOUNT TYPES UNDER THIS MEMBER NUMBER SPECIFIC ACCT TYPE(S)

(NOT for use with HSA, IRA or Share Certificates. Use separate specially designated forms).

ACTION TO BE TAKEN:

ADD NEW PODB MODIFY REMOVE CHANGE INFORMATION CHANGE DISTRIBUTION % TO _____ %
 Only the primary account owner can add or delete a beneficiary. (Required - Driver's License or Passport preferred)
 Include a copy of appropriate Identification for all new PODB (required).

BENEFICIARY INFORMATION:

NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____ % OF DISTRIBUTION _____

ADDRESS (PO BOX NOT PERMITTED) _____ CITY _____ STATE _____ ZIP _____

NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____ % OF DISTRIBUTION _____

ADDRESS (PO BOX NOT PERMITTED) _____ CITY _____ STATE _____ ZIP _____

NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____ % OF DISTRIBUTION _____

ADDRESS (PO BOX NOT PERMITTED) _____ CITY _____ STATE _____ ZIP _____

TOTAL DISTRIBUTION _____ %
 (Total should add up to 100%)

MEMBER'S SIGNATURE - **REQUIRED** _____

JOINT OWNER'S SIGNATURE - **REQUIRED** _____

DATE _____ DAY OR EVENING PHONE _____

DATE _____ DAY OR EVENING PHONE _____

** Notice: All beneficiaries are subject to an OFAC review before being added or prior to disbursement of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased. Once signed and dated, this form will supersede any previously dated form on file.

Return completed form only to:

The Coca-Cola Company Family Federal Credit Union
 P.O. BOX 1734, USA 342D, Atlanta, GA 30301
 Fax # (404) 676-8894 | creditunion@na.ko.com