



**Sugar Land Branch:** 1521 Lake Pointe Parkway  
 Sugar Land, TX 77478  
**Austin Branch:** 8801 Research Blvd. Suite 105

## PAY ON DEATH (POD) BENEFICIARY DESIGNATION FORM

**POD Beneficiary:**     Add                     Change                     Remove  
 (Only the account owner can add or delete a beneficiary)

**Members Information:**

Member #: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel#: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Type of Account:     Savings                     Checking                     Pioneer Education Savings

**Beneficiary Information:**

**Upon my death, as an owner of the above accounts, I would like to have each beneficiary's share divided as per the percentage allocated among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts listed under the ACCOUNT TYPE and held by me.**

Type of Beneficiary	Percentage	Name of Beneficiary	Account # or SSN
<input type="checkbox"/> Primary			
<input type="checkbox"/> Primary			
<input type="checkbox"/> Primary			
<input type="checkbox"/> Primary			
<input type="checkbox"/> Secondary			
<input type="checkbox"/> Secondary			
<input type="checkbox"/> Secondary			
<input type="checkbox"/> Secondary			

**\*\* Note:** With this POD declaration, it will supersede all previous POD designations filed.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_