

Beneficiary Designation



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

BENEFICIARY / POD PAYEE(S)

OPTIONAL BENEFICIARY INFORMATION (of beneficiaries listed above)

NAME/RELATIONSHIP _____

NAME/RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DATE OF BIRTH _____

NAME/RELATIONSHIP _____

NAME/RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DATE OF BIRTH _____

NAME/RELATIONSHIP _____

NAME/RELATIONSHIP _____

SOCIAL SECURITY NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DATE OF BIRTH _____

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

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 _____