



P.O. Box 3900, Springfield MO 65808
Comenity Direct Customer Care: 833-755-4354
direct.comenity.com

Payable-On-Death (POD) Beneficiary (ies) Designation/Change Form

Use this form to designate a Beneficiary (ies) on an account

Please review all pages of this form

Section A: Comenity Direct Account Information

To designate a POD Beneficiary or Beneficiaries on your deposit account identified below ("Account Number"), please complete all required sections of this form. This designation applies only to the Account Number identified on this form, if you have more than one Account, a separate Payable on Death Beneficiary Designation/Change Form must be completed for each account you own.

- This form will revoke all previous beneficiary designations and replace with the beneficiary (ies) listed in **Section B**.
- All existing owners and beneficiaries **MUST** to be restated on this form.
- Completing and returning this form confirms your revised beneficiary designations for this account.

ACCOUNT OWNER(S):	
HOME ADDRESS (Cannot be P.O. Box): (Include Street, City, State and Zip)	
ACCOUNT TYPE:	ACCOUNT NUMBER:

We encourage you to consult with an attorney or other qualified estate planning professional regarding the tax and legal implications of your Payable-On-Death beneficiary designation.



Please see next page for Payable-On-Death Beneficiary Designation.



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Section B: Payable-On-Death (POD) Beneficiary (ies) Designation/Change

Allocated percentages must be whole percentages. If the percentages do not add up to 100%, we will request that you complete a new form. If percentage is not indicated, it will be divided equally.

I designate the following one or more individuals as POD Beneficiary(ies) of the Account referenced in **Section A**, subject to the terms and conditions set forth in this form and applicable state law. Each POD Beneficiary(ies) must be an individual person or revocable trust. All information must be completed for each POD Beneficiary you designate.

Spousal consent is required if spouse is not named as the sole POD Beneficiary in community property states.**

NAME OF BENEFICIARY Or NAME OF REVOCABLE TRUST	RELATIONSHIP	PERCENT TO ALLOCATE	DATE OF BIRTH Or DATE TRUST WAS ESTABLISHED (mm/dd/yyyy)



Please see next page for Community Property Spousal Consent.



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Section C: SPOUSAL CONSENT (Only complete this section if you live in a Community Property State)**

1. Are you married?

Yes **No**

If you answer "No" to this question, proceed to Section D

2. Is your Spouse a joint owner or named as sole beneficiary on this account?

Yes **No**

If you answer "Yes" to this question, proceed to Section D

If you answer "No" to this question, your spouse must complete the Spousal Consent below

I have read the beneficiary designation in **Section B** and as the spouse of the Account owner, I consent to the beneficiary designation and I relinquish all my statutory or other rights to all present and future property held hereunder.

Spouse's Signature:	Date:
Notary Signature:	Date:
Notary Seal:	Notary Commission Expires:
	Notary Jurisdiction:

****Community Property States** – AZ, CA, ID, LA, NV, NM, TX, WA and WI



Please see next page for important disclosures, required signatures, and submission instructions.



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Section D: CERTIFICATION AND ACKNOWLEDGMENT

By signing this form you:

1. Certify the information provided is true and accurate.
2. Understand that as the owner(s), you may close the Account, remove or add one or more POD Beneficiaries, and withdraw all or part of the funds in the Account. **POD Beneficiaries have no rights to the funds in the account during the lifetime of any Account owner(s).**
3. You understand upon the death of the sole Account owner or of the last surviving Account owner:
 - o Any funds remaining in the Account referenced in **Section A** belong to the POD Beneficiary or Beneficiaries, if both surviving, or to the survivor of them if one or more dies before the death of the sole Account owner or the last surviving Account owner;
 - o If two or more POD Beneficiaries survive, any funds remaining on deposit belong to them in equal shares, subject to applicable law; and
 - o If two or more POD Beneficiaries survive, there is no right of survivorship in the event of death of a POD Beneficiary.
4. You understand that Payment of the funds to any POD Beneficiary is subject to the Bank’s right to charge the Account for any amount the deceased Account owner(s) or POD Beneficiary owes us. The Bank may require the submission of specific legal documents (such as a death certificate and/or POD Beneficiary ID information) prior to the release of funds in the account. Until final payment is made to the POD Beneficiary or Beneficiaries, the Bank shall continue to operate the account according to the terms of the applicable account agreement and disclosures, and these POD Designation Terms and Conditions. The terms of the account may not be altered by Will or other testamentary instrument.
5. You understand that certain state law restrictions apply to payable on death accounts. You are solely responsible for complying with applicable law in establishing a payable on death account. We make no representation that designating your Account as a payable on death account is advisable. You should consult with any attorney or other qualified estate planning professional before designating your Account as a payable on death account.

Account Holder’s Signature:	Today’s Date:

(For joint accounts only one owner signature is required)

Return all pages (4 of 4) of the completed and signed form via your Secure Messages.

Request will not be considered valid unless all pages are complete and returned.

You will be notified within three to five business days after we have received the completed form.

How to send these forms to us by Secure Message:

Once you log in to your Online Banking from the Dashboard, Select envelope icon (top right)> Select Start a conversation > Type and Title your message: POD Beneficiary > Select paperclip icon (left of “Type your message”) > Select the completed Form, then send