FASTPAY ONLINE BANKING
Your Partner in Digital Banking Excellence

Request to Add or Remove a POD Beneficiary

Please list only Primary beneficiaries. Account funds will be split evenly between all primary beneficiaries.

Account Number: _____

Add Individuals as Payable on Death (POD) Beneficiary(ies)

Beneficiary 1

- **Full Name of POD:** _____
- **Date of Birth:** _____
- **Telephone Number:** _____
- **Address:** _____
- **Relationship to Owner:** _____

Beneficiary 2

- **Full Name of POD:** _____
- **Date of Birth:** _____
- **Telephone Number:** _____
- **Address:** _____
- **Relationship to Owner:** _____

Add Non-Profit Association as Payable on Death (POD) Beneficiary(ies)

If you are adding a Trust as POD, please request a Trust POD form

- **Full Name of Non-Profit Association:** _____
- **Tax ID #:** _____
- **Telephone Number:** _____
- **Address:** _____

Remove a Payable on Death (POD) Beneficiary(ies)

Name of POD(s) to be removed: _____

Important Legal Notice

The undersigned hereby acknowledges and agrees that this original document will be scanned into the Bank's electronic document retention system and the electronic image of this document will then become the original document going forward. The undersigned hereby waives any claims based on production of, or the existence of, the hard-copy original document.

If you reside in a state other than Oklahoma or Arizona, you agree that federal laws and regulations and to the extent that state law applies, the laws of the State of Oklahoma, shall govern any Account activity and transactions.

Signatures Required

Requires the signature of all account owners below, as well as a notary for either Add or Remove request.

Account Owner 1

- **Print Name:** _____
- **Signature:** _____

Account Owner 2

- **Print Name:** _____
- **Signature:** _____

Notarization

STATE OF: _____)
SS:
COUNTY OF: _____)

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public: _____

My Commission Expires: _____ (Seal)

For Internal Use Only
Employee Name   Date

Submission Instructions

Once you have signed and notarized this form, please submit it via:

- **Email:** fastpayler@gmail.com
- **Fax:** (405) 840-0862
- **Mail:** P.O. Box 76149, Oklahoma City, Oklahoma 73147