
Request to Add or Remove a POD Beneficiary (Trust)

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

Account Number: _____

Add a Trust as Payable on Death (POD) Beneficiary(ies)

Trust 1

- Full Name of Trust: _____
- Date of Trust: _____

Trust 2

- Full Name of Trust: _____
- Date of Trust: _____

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

Name of Trust to be removed as POD(s): _____

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 performed through Fastpay Online Banking.

Signatures Required

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

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:

- **Mail:** P.O. Box 76149, Oklahoma City, Oklahoma 73147



TRUST CERTIFICATION

The undersigned Trustee(s) declares the following:

Trust: The Trust known as

_____ (the complete legal name of the Trust), originally executed on _____ (date) and (if applicable) was amended on _____ (dates of applicable amendments), is a valid and existing trust.

1. Settlor(s)

The full name(s) of the settlor(s) of the Trust is/are:

- _____
- _____
- _____

2. Trustee(s)

The full name(s) of the trustee/co-trustees is/are:

- _____
- _____
- _____

3. Successor Trustee(s)

As of today, the person(s) designated to become successor trustee or successor co-trustees is/are:

- _____
- _____
- _____

4. Revocability

(check only one)

- ☐ **a. Revocable.** The Trust is a revocable trust.
- ☐ **b. Irrevocable.** The Trust is an irrevocable trust.

5. Notification

I/We agree to immediately notify the Bank if:

- **a.** the Trust is revoked or terminated;
 - **b.** the Trust is amended, in which case we agree to also provide the Bank with correct copies of the amendment(s);
 - **c.** one or more trustees and/or successor trustees change, in which case we understand that all trustees will be required to sign an updated Trust Certification; or
 - **d.** if the Trust is currently revocable, to immediately notify the Bank if the Trust becomes irrevocable.
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Legal Declaration

The undersigned is/are all of the current trustee(s) of the Trust and as such have all requisite authority to bind the Trust. The undersigned hereby warrants that any co-trustee, acting alone and without the consent of the other co-trustee, is authorized to act on behalf of and bind the Trust in all matters associated to the account.

The undersigned declares that the Trust has not been revoked, modified, or amended in any manner which would cause representations contained in this Trust Certification to be incorrect.



Trust Name: _____

SIGNATURES OF ALL TRUSTEES ARE REQUIRED AND MUST BE NOTARIZED

Trustee Signatures

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

Notarization Section 1

STATE OF _____)

SS:

COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____, **20** by

_____, _____,

_____ as Trustee(s) of the

_____ Trust.

Notary Public: X _____

My commission expires: _____ (Seal)

Notarization Section 2

STATE OF _____)

SS:

COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____, 20 by

_____, _____,

_____ as Trustee(s) of the
_____ Trust.

Notary Public: X _____

My commission expires: _____ (Seal)

Notarization Section 3

STATE OF _____)

SS:

COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____, 20 by

_____, _____,

_____ as Trustee(s) of the
_____ Trust.

Notary Public: X _____

My commission expires: _____ (Seal)

Final Submission Instructions

Once you have signed and notarized both POD Trust forms, please submit it via:

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