



# PAYABLE ON DEATH

## DESIGNATION OF BENEFICIARY FORM

### Member Information *(please print legibly)*

Name \_\_\_\_\_ Name of Joint Account Holder \_\_\_\_\_

Account Number \_\_\_\_\_ Capital Credit Number \_\_\_\_\_  
(For office use only)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

I/We, \_\_\_\_\_ / \_\_\_\_\_,  
designate the following as the beneficiary(ies) of my capital credit account with Pioneer Electric Cooperative to be paid upon my/our death to:

### Primary Designated Beneficiary\*

*\*Additional beneficiaries may be added on the backside of this form. If a joint member wishes to name different beneficiaries, he/she will need to complete a separate form.*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Secondary Designated Beneficiary\*

*\*Optional: If primary beneficiary predeceases the member(s), the secondary beneficiary accedes to the primary position.*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Pioneer Rural Electric Cooperative is authorized to register ownership of my capital credit account with Pioneer in my name and pay on death in accordance with the policies of the Cooperative to the primary beneficiary(ies) named herein or to the secondary beneficiary(ies) should the primary predecease me. This designation remains in effect until amended or revoked by me via written instructions to do so.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature *(if joint membership)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Additional Primary Designated Beneficiary(ies)** *A fee may be assessed for five or more such beneficiaries.*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**Additional Secondary Designated Beneficiary(ies)** *A fee may be assessed for five or more such beneficiaries.*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_