



PAYABLE ON DEATH

DESIGNATION OF BENEFICIARY FORM

Member Information *(please print legibly)*

Name _____ Name of Joint Account Holder _____

Customer Number _____ Account Number _____

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 _____

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 _____