



## CHANGE REQUEST: BENEFICIARY

Complete the following with your current personal information and indicate the account(s) requesting to be changed.

<b>Customer Name:</b>	<b>Account Number(s):</b>
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By signing below I certify that I have provided true and accurate information.

\_\_\_\_\_  
Signature and Date

**Complete this form and return it with this page by one of the following methods:**

**Secure Email:** Login to Online Banking, click on Contact Us, and send a secure email with a scanned copy of the signed documents.

**Fax to: 1- 858- 350- 0443**

**Mail to:**

*Deposit Operations: New Accounts*

*P.O. Box 911039*

*San Diego, CA 92191-1039*

## Addition/Change of Beneficiary

You may designate to whom you wish funds in your account to be payable in the event of your death, subject to the following terms and conditions:

Accounts held in the names of two or more persons (Account Owners) will become payable to the designated Payable on Death beneficiary or beneficiaries only upon the death of all account Owners.

Where there is more than one beneficiary, the funds in your account will be **paid equally** to each of the beneficiaries.

The share of any beneficiary who predeceases the account Owner(s) will be paid to the remaining beneficiary or beneficiaries, if there are any. You may change your designated beneficiary or beneficiaries at any time by submitting a request.

Payment made in accordance with provisions of your Payable on Death designation will discharge the Bank from liability for funds so paid, unless prior to payment the Bank has been served with a court order or other appropriate legal process restraining payment.

Supply the following information for each beneficiary to be added/removed:

<b>Beneficiary Name:</b> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/> <i>Remove</i>	<b>Beneficiary Relationship to Account Holder:</b>
	<b>Date of Birth:</b>
<b>Beneficiary Name:</b> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/> <i>Remove</i>	<b>Beneficiary Relationship to Account Holder:</b>
	<b>Date of Birth:</b>
<b>Beneficiary Name:</b> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/> <i>Remove</i>	<b>Beneficiary Relationship to Account Holder:</b>
	<b>Date of Birth:</b>
<b>Beneficiary Name:</b> <input type="checkbox"/> <i>Add</i> <input type="checkbox"/> <i>Remove</i>	<b>Beneficiary Relationship to Account Holder:</b>
	<b>Date of Birth:</b>

Please sign and print your name below:

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Printed Name

Bank products and services are offered by Axos Bank. All deposit accounts through Axos Bank brands are FDIC insured through Axos Bank. All deposit accounts of the same ownership and / or vesting held at Axos Bank are combined and insured under the same FDIC Certificate 35546. All deposit accounts through Axos Bank brands are not separately insured by the FDIC from other deposit accounts held with the same ownership and / or vesting at Axos Bank.