

I _____ am a surviving Payable on Death (POD) Beneficiary on the account of the below named account holder. I hereby direct **PurePoint® Financial, a division of MUFG Union Bank, N.A.** (hereinafter "Bank") to close the below listed account and disburse the funds in the form of a Cashier's Check mailed to the address I have specified below.

Account Type _____ Account Number _____ Held in the name(s) of: _____
 Savings Certificate of Deposit

I certify under penalty of perjury under the laws of the State of _____ the following statements are true and correct:

1. THE ABOVE NAMED ACCOUNT HOLDER(S) DIED ON THE DATES SPECIFIED BELOW:

NAME: _____ DATE OF DEATH: _____

NAME: _____ DATE OF DEATH: _____

NAME: _____ DATE OF DEATH: _____

2. I HAVE PROVIDED A CERTIFIED COPY OF THE DEATH CERTIFICATE FOR EACH ACCOUNT HOLDER TO THE BANK.

3. I AM A SURVIVING POD BENEFICIARY NAMED ON THE ACCOUNT ABOVE.

4. IF THERE IS MORE THAN ONE SURVIVING POD BENEFICIARY FOR THE ABOVE ACCOUNT, THIS REQUEST IS DIRECTED TO MY SHARE OF THE FUNDS.

5. TO THE BEST OF MY KNOWLEDGE, ALL OF THE POD BENEFICIARIES (IF MORE THAN ONE IS NAMED) HAVE SURVIVED THE DEATH OF ALL ACCOUNT HOLDERS, OR (IF APPLICABLE), THE FOLLOWING POD BENEFICIARIES PREDECEASED THE LAST SURVIVING ACCOUNT HOLDER:

NAME: _____ DATE OF DEATH (REFER TO ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE)

NAME: _____ DATE OF DEATH (REFER TO ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE)

6. MY RELATIONSHIP TO THE ACCOUNT OWNER(S) WAS: _____.

7. I CAN BE REACHED BY PHONE AT (____) _____.

Mailing address for Cashier's Check:

_____, _____, _____, _____
Address City State Zip

Beneficiary Signature Date

SEE NOTARY SECTION ON NEXT PAGE

PurePoint Financial is a division of MUFG Union Bank, N.A.

ALL SIGNATURES MUST BE NOTARIZED.

A notary public completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____

(Seal)

Please mail completed form to:

PurePoint Financial – Business Services
1101 W Washington St, Suite 200
Tempe, AZ 85281

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