

Request to Add or Remove a POD Beneficiary

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

VIO Bank Account Numb	er:		
Add Individuals as Paya	able on Death (POD) Beneficiary(ies)		
Full Name of POD:		Date of Birth:	
Telephone Number:	Address		
Relationship to Owner: _			
Full Name of POD:		Date of Birth:	
Telephone Number:	Address		
Relationship to Owner: _			
Add Non-Profit Associa	tion as Payable on Death (POD) Beneficiary(ies)	 If you are adding a Trust as POD, ple 	ease request a Trust POD form
Full Name of Non-Profit A	Association:	Tax ID #:	
Telephone Number:	Address		
	n Death (POD) Beneficiary(ies)		
If you reside in a state ot the State of Oklahoma, s	tence of, the hard-copy original document. her than Oklahoma or Arizona, you agree that fede hall govern any Account activity and transactions pe all account owners below, as well as a notary for ei	rformed through VIO Bank.	ent that state law applies, the laws of
Print Name of Account O	wner Sign	ature of Account Owner	
Print Name of Account O	wner Sign	ature of Account Owner	
STATE OF:) s	S.	
COUNTY OF:		5.	
Subscribed and sworn to	before me this day of	,	
Signature of Notary Publi	c	_	
My Commission Expires_			(Seal)
	For Inte	rn II Use Only	
	Employee Name	Date	

Once you have signed and notarized this form, please submit it to Vio Bank via email to <u>digitalbankforms@midfirst.com</u>, fax to (405) 840-0862, or mail to P.O. Box 76149, Oklahoma City, Oklahoma 73147