

Use this form to: 1) Make initial Payable-On-Death (POD) beneficiary designations*; 2) Replace all existing beneficiaries; or 3) Remove all prior POD beneficiary designations. Do not use this form for IRAs or Trust accounts.** Enter your information clearly in blue or black ink.

Note: Beneficiaries can also be managed online if enrolled in online banking.

1. Your information

For joint accounts, a designation made by one account holder, even without consent or knowledge of another account holder, is a valid designation.

Name of account holder

Security code (If left blank, your request could be delayed)

Note: One form may be used for multiple accounts if the beneficiaries are intended to be exactly the same.

Account number	Account type
1.	☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ World Markets
2.	☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ World Markets
3.	☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ World Markets
4.	☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ World Markets

2. Select beneficiary designation

The designation selected on this form will override any previous designation.

- ☐ Make initial beneficiary designation or replace my current beneficiary designation on the above listed account(s) with the person(s) listed in Section 3. By selecting this option, your account(s) will be titled as follows:
 - Individual account with a POD beneficiary designation. Upon death of account holder, the asset passes to the designated POD beneficiaries and is not part of the account holder's estate. (Provide beneficiary information in Section 3.)
 - Joint account with right of survivorship and with a POD beneficiary designation. Upon death of an account holder, the asset passes to the surviving account holder(s). Upon death of the last surviving account holder, the asset passes to the designated POD beneficiaries and is not part of the last surviving account holder's estate. (Provide beneficiary information in Section 3.)
- ☐ Remove all beneficiaries on the above listed account(s). By selecting this option, your account will be titled as follows:
 - Individual account without a POD beneficiary designation. Upon death of account holder, the asset passes as part of the account holder's estate.
 - Joint account with right of survivorship and without a POD beneficiary designation. Upon death of an account holder, the asset passes to the surviving account holder(s). Upon death of the last surviving account holder, the asset passes as part of the last surviving account holder's estate.

3. Beneficiary information

The balance in the above listed account(s) will be paid in equal shares to each surviving beneficiary.

(If you have more than 4 beneficiaries, copy this page as needed and return with this form.)

Name (First/middle/last name)	Date of birth	Social Security number
1.		
2.		
3.		
4.		

* If this form is received with a new account application and there are no account numbers listed in Section 1 of this form, this beneficiary designation will apply to all products selected on your application.

** IRA beneficiary forms are available at everbank.com/forms. For Trust accounts, please call 1.888.882.3837. If you inadvertently include an IRA or Trust account number in Section 1 above, the designation will be a void and ineffective designation. However, the remaining valid designations on this form will take effect immediately upon submission.

4. Signature

These beneficiary designations are subject to applicable federal laws and, to the extent not preempted by federal law, by the laws of the state in which your deposits are considered to be made and held according to your Account Agreement (except to the extent that beneficiary designations can and do vary from such laws), without regard to conflicts of laws principles. Valid designations are effective at the time they are submitted, and the account holder must be living when the form is submitted. EverBank, N.A. is not responsible for determining whether your beneficiary designations are valid at the time they are made. Submitting this form permits EverBank to make determinations regarding distributions in accordance with the account holder's intent (to be construed liberally) and releases EverBank from all liability arising from such determinations. Once this request is submitted, only the beneficiaries listed in Section 3 will be the beneficiaries on the above listed account(s).

The undersigned agrees that we, EverBank, in our sole discretion, may accept documents that you have signed and sent to us by electronic means, like email, or other file transmittal processes we might offer. By sending us any such document by electronic means, the undersigned agrees that we may rely on it and on the signature, and that the document is binding on the signer even if the original signed document is not delivered to us.



Account holder

Date

5. Submit

Upload this form and any additional documentation so that we can move forward in the quickest and most secure way. Simply log in to your account at everbank.com and:

- Navigate to the Document Center
- Select the Document Upload tab
- Select the files you would like to upload
- Review and accept the Terms and Conditions before uploading documents

For bank use only:

Verify client

Date verified

FC number

Associate name ([Print first & last name](#))

For deposit operations use only: For Power of Attorney/Agent requests, legal approval obtained on _____