FIRST ENTERTAINMENT CREDIT UNION
Post Office Box 100, Hollywood, CA 90078-0100

PAY-ON-DEATH (POD) BENEFICIARY DESIGNATION

Use this form to designate one or more beneficiaries on your First Entertainment Credit Union ("First Entertainment") Account listed below. Once this form has been completed and signed, you may return it to any First Entertainment branch or mail it to: First Entertainment Credit Union, P.O. Box 100, Hollywood, CA 90078. PLEASE NOTE: This form cannot be used to designate beneficiaries on IRAs or Trust Accounts. To designate a beneficiary on your IRA or Trust Account, please visit a First Entertainment branch or call us at (888) 800-3328.

For this request to be effective, all account owners are required to sign this form. Any POD beneficiary(ies) designated on this account prior to this date is hereby revoked. This POD Beneficiary Designation form controls all sub-accounts opened under the membership account number listed below, even if the sub-account is opened after the date of this form.

Member Name: _____ Account Number: _____
First Middle Last

Beneficiary #1

Beneficiary's Full Name: _____ Relationship: _____
First Middle Last

Beneficiary's Home Address:

_____
Street Address City State Zip

Date of Birth: _____ Social Security Number: _____ Distribution: _____%

Beneficiary #2

Beneficiary's Full Name: _____ Relationship: _____
First Middle Last

Beneficiary's Home Address:

_____
Street Address City State Zip

Date of Birth: _____ Social Security Number: _____ Distribution: _____%

If you are designating more than two (2) beneficiaries, list additional names on a separate sheet of paper titled *Addendum to POD Beneficiary Designation*. Sign and date your Addendum and return it with this form. **The most recently signed and dated designation form in First Entertainment's records will control the account distribution.**

In addition to the *Member Account Agreement and Disclosure*, the following disclosures apply:

A POD beneficiary or beneficiaries may be named on an individual account or multiple-party account with a *Right of Survivorship*. The beneficiary or beneficiaries only receive the funds upon death of the owner of the account or, in the case of a multiple party account, the death of the last surviving owner. While the owner(s) are alive, the beneficiary(ies) have no access or right to the funds. The owner(s) may change the POD beneficiary at any time during their lifetime. Changes in the beneficiary designation(s) must be provided to First Entertainment in writing on a form and in a manner acceptable to First Entertainment and signed by all living account owner(s).

Upon the death of the owner, or, for a multiple party account, upon the death of the last surviving owner, funds in the account(s) shall be made payable and distributed to the surviving beneficiary, or if more than one beneficiary, to the surviving beneficiaries equally, unless a percentage designation is indicated above. You understand and agree that you are responsible for properly designating the respective percentage shares for the respective beneficiaries so that the total percentage equals 100%. If there is a discrepancy in the percentage shares and the total does not equal 100%, then you agree that the designation shall automatically be determined for the surviving beneficiaries to share the distribution equally. Between POD beneficiaries, *there is no Right of Survivorship*. If a beneficiary dies, the funds in the account are split equally among the beneficiaries that are alive when the owner or last surviving owner of a multiple party account dies. If no beneficiary survives the last owner, the estate of the last living account owner is entitled to the funds. A POD designation may not be altered by will and the funds pass by operation of law, not as part of the estate of the owner or last surviving owner of the account.

First Entertainment shall not be liable for any payment made in good faith reliance on this POD Beneficiary Designation.

I/We hereby agree to the terms and conditions stated herein.

_____
Member's Name (please print) Member's Signature Date

_____
Joint Owner's Name (please print) Joint Owner's Signature Date

_____
Joint Owner's Name (please print) Joint Owner's Signature Date

For Credit Union use only rev. 02.14.14

_____ _____
Date Received CU Employee Name and ID #