



Municipal Employees Credit Union of Baltimore, Inc.  
 7 East Redwood Street, Baltimore MD 21202-1106  
 Tel: (410) 752-8313 ext. 1501  
 Attn: Operations

## P.O.D. Designation/Change Form

Account Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Member's Name: \_\_\_\_\_

- Share Savings; Suffix \_\_\_\_\_   
  Checking; Suffix \_\_\_\_\_   
  Certificate of Deposit  
 Money Market; Suffix \_\_\_\_\_   
  IRA – Complete IRA Beneficiary Designation/Change Form #2303

Please add the following individual(s) as P.O.D. to the above referenced account suffixes and delete all other prior designees not listed below:

\*\*\*\*\*

Name 1: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**I/We, the undersigned, request and consent to the designation of P.O.D.(s) named on this form.**

**\*\*All account owners must authorize the P.O.D. Designation/Change Form by signing below\*\***

\_\_\_\_\_  
 (Member's Signature)

\_\_\_\_\_  
 (Date of Request)

\_\_\_\_\_  
 (Joint Owner's Signature)

\_\_\_\_\_  
 (Date of Request)

\_\_\_\_\_  
 (Joint Owner's Signature)

\_\_\_\_\_  
 (Date of Request)