



For Back Office Use Only

Account #:

SSN:

Date:

PAYABLE ON DEATH

NAME / STREET ADDRESS OF ACCOUNT HOLDER

Account #: _____

PAYABLE ON DEATH DESIGNATION Joint Account with Right of Survivorship

The undersigned:

and the State Farm Bank® hereby agree that, upon death of all joint account holders, the subject account and any balance therein which exists from time to time shall be held as a Payable on Death Account and that, upon the death of all of the undersigned, the account shall be payable to and owned by the following designated person(s) (herein the "Beneficiary" or "Beneficiaries"):

Name	SSN / DOB	Street Address (No P.O. Boxes)	Relationship
_____	_____/	_____	_____
_____	_____/	_____	_____
_____	_____/	_____	_____

The undersigned and State Farm Bank further agree that:

- (a) The undersigned during his or her lifetime may change, from time to time, any or all beneficiaries by a written instrument signed by all living joint account holders and accepted by State Farm Bank, without the knowledge or consent of the Beneficiaries;
- (b) Any of the undersigned may make additional deposits to and/or withdraw all or any part of the account at any time, without the knowledge or consent of the Beneficiaries or the other account holders, subject to the policies, procedures and regulations of State Farm Bank, and that all withdrawals shall constitute a revocation of this designation as to the amount withdrawn;
- (c) Upon the death of all of the undersigned, the Beneficiaries then living, shall own the account in equal shares as tenants in common;
- (d) Upon the death of all of the undersigned, if no Beneficiary is then living, the proceeds shall vest in the estate of the last to die of the account holders (as determined by applicable law in the event of the simultaneous death of all account holders); and
- (e) Any payments made by State Farm Bank in accordance with this Designation prior to the receipt of notice of an adverse claim or a restraining order shall be a complete discharge of State Farm Bank's obligations and shall constitute a release of State Farm Bank from all claims of any person as to the amount so paid.

SIGNATURE

Signature X _____
Date

Signature X _____
Date

Signature X _____
Date

Signature X _____
Date

