

I _____ am a surviving Payable on Death Beneficiary on the account of the below named account holder. I hereby direct **PurePoint™ Financial, a division of MUFG Union Bank, N.A.** (hereinafter "Bank") to close the listed account and disburse the funds in the form of a Cashier's Check mailed to the address I have specified below.

Account Type _____ Account Number _____ Held in the name(s) of: _____
 Savings Certificate of Deposit

I certify under penalty of perjury under the laws of the State of _____ the following statements are true and correct;

1. THE ABOVE NAMED ACCOUNT HOLDER(S) DIED ON THE DATES SPECIFIED BELOW:

NAME: _____ DATE OF DEATH: _____

NAME: _____ DATE OF DEATH: _____

NAME: _____ DATE OF DEATH: _____

2. I HAVE PROVIDED A CERTIFIED COPY OF THE DEATH CERTIFICATE FOR EACH ACCOUNT HOLDER TO THE BANK.

3. I AM A SURVIVING BENEFICIARY NAMED ON THE ACCOUNT LISTED ABOVE.

4. IF THERE IS MORE THAN ONE SURVIVING PAYABLE ON DEATH BENEFICIARY FOR THE ABOVE ACCOUNT, THIS REQUEST IS DIRECTED TO MY SHARE OF THE FUNDS.

5. TO THE BEST OF MY KNOWLEDGE, ALL OF THE PAYABLE ON DEATH BENEFICIARIES (IF MORE THAN ONE IS NAMED) HAVE SURVIVED THE DEATH OF ALL ACCOUNT HOLDERS, OR (IF APPLICABLE), THE FOLLOWING PAYABLE ON DEATH BENEFICIARIES PREDECEASED THE LAST SURVIVING ACCOUNT HOLDER:

NAME: _____ DATE OF DEATH (REFER TO ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE)

NAME: _____ DATE OF DEATH (REFER TO ATTACHED CERTIFIED COPY OF DEATH CERTIFICATE)

6. THE ACCOUNT OWNER(S) WAS/WERE MY _____.

7. I CAN BE REACHED BY PHONE AT (_____) _____.

Mailing address for Cashier's Check:

_____, _____, _____, _____
Address City State Zip

Beneficiary Signature Date

SEE NOTARY / BANK OFFICER SECTION ON NEXT PAGE.

ALL SIGNATURES MUST BE WITNESSED BY A BANK EMPLOYEE, OR NOTARIZED.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____

(Seal)

If the signatures of the Beneficiary are not notarized, a Bank officer must sign below, confirming that the Beneficiary Disbursement Request was executed in the officer's presence, following receipt of proof of identity (e.g. current driver's license or U.S. Passport.)

Beneficiary: ID Type/Num: _____ Exp. Date: _____

Bank Officer Printed Name: _____ Bank Officer Signature: _____

Please mail completed form to:

PurePoint Financial
Attention: Account Maintenance
P.O. Box 2157
Cranberry TWP, PA 16066