Designation of Payable on Death (POD) beneficiary form

Please use this form or sign in to your Capital One Bank account online to designate or change the beneficiary(ies) for the account(s) indicated below.

Before you begin, please know that...

- The account holder authorizing the changes must be at least 18 years old.
- A maximum of 10 beneficiaries may be added to each of your accounts.
- Beneficiaries must be individuals. Eligible deposit accounts do not include accounts in trust ownership, IRAs or Business

This form will revoke all prior death beneficiary designations made by you for the account(s) listed below.

Please be sure to list all beneficiaries, including existing beneficiaries currently designated on your account(s). **If there are no beneficiaries listed on page two, all current beneficiary designations will be deleted from the accounts listed on page one.**

Beneficiary designations on the POD will apply to all listed accounts. If you don't want this to apply to all accounts listed, a different POD must be submitted for each beneficiary election

Accounts for POD beneficiary designations

Print this page again if you need to list more than 10 accounts.

Account holder's full name

Full account number

Full account number

Full account number

Full account number

Full account number

Full account number

Full account number

Full account number

Full account number

Full account number

Beneficiary information

POD beneficiary information

All information for each Beneficiary must be completed in full.

Beneficiary

First and last name:

Date of birth

Tax ID (SSN or ITIN)

Full address (Street, City, State, ZIP, Apartment, Unit, or Suite Number (if applicable)) — U.S. States & Territories only (No P.O. Boxes)

Beneficiary

First and last name:

Date of birth

Tax ID (SSN or ITIN)

Full address (Street, City, State, ZIP, Apartment, Unit, or Suite Number (if applicable) — U.S. States & Territories only (No P.O. Boxes)

Beneficiary

First and last name:

Date of birth

Tax ID (SSN or ITIN)

Full address (Street, City, State, ZIP, Apartment, Unit, or Suite Number (if applicable)) — U.S. States & Territories only (No P.O. Boxes)

Beneficiary

First and last name:

Date of birth

Tax ID (SSN or ITIN)

Full address (Street, City, State, ZIP, Apartment, Unit, or Suite Number (if applicable)) — U.S. States & Territories only (No P.O. Boxes)

Beneficiary

First and last name:

Date of birth

Tax ID (SSN or ITIN)

Full address (Street, City, State, ZIP, Apartment, Unit, or Suite Number (if applicable)) — U.S. States & Territories only (No P.O. Boxes)

Print this page again if you need to add more Beneficiaries.

Signature & notarization

Please review the following and acknowledge by signing below:

Upon the death of all owners, the account(s) will only be paid to the Beneficiaries designated on this form. If multiple Beneficiaries are designated, funds will be divided equally between all Beneficiaries.

If you are married and live in a community property state and your spouse is not named as your sole primary Beneficiary, you should consult your legal advisor about how your state's community property law may affect the validity of your Beneficiary(ies) designation.

You should consult your legal or tax advisor to determine whether a POD designation is appropriate for your specific situation. By accepting a Beneficiary designation of record, Capital One will not assume and will have no responsibility or liability with respect to the legal or tax consequences of the designation, including but not limited to the impact on the designation of community property or laws governing inheritance of property.

To be completed by Account Holder:

Account holder's full name *(please print)*

Account holder's signature

To be completed by Notary:

Notaries: Please attach additional documentation as necessary to meet state notarization requirements.

*Please complete all fields in notary section

Commonwealth / State

City / County

The foregoing instrument was SWORN TO AND SUBSCRIBED before me on this, the _____ *(Day)* day of _____ *(Month)*, _____ *(Year)*

by _____ ***(Customer First Name)*** _____ ***(Middle Initial)*** _____ ***(Customer Last Name)*** _____ *(Suffix)*

Account Holder's full name (please print)

who personally appeared and is: ☐ personally known to me

OR ☐ produced the following identification:

☐ State-issued driver's license ☐ Passport ☐ Military ID ☐ Other *(please specify)*

Signature of notary public

Please include designation stamp here

Notary registration number

Commission expiration

Signature & notarization

FOR BRANCH USE ONLY, WHEN APPLICABLE

If no notary is available in the branch, the Associate witnessing the signature must complete the following information:

Requestor's driver's license state and number:

Date:

Branch associate name:

Branch associate title:

Branch associate signature:

Fax or mail this form

Please review all the information included in this form for completion and accuracy before sending it to us. We will not be able to accept it if required fields are illegible or incomplete.

Fax or mail this form using the number or address below. You may also bring this completed form to a Capital One branch location to submit on your behalf. You can locate the branch nearest you at **locations.capitalone.com**.

If you have any questions, give us a call at 800-655-BANK (2265), 8 a.m.–11 p.m. ET, 7 days a week. We'll be happy to help you.

Mail:

Capital One Bank

ATTN: Bank by Mail
PO Box 85123
Richmond, VA 23285

Fax:

888-464-3220

You do not need to include this page when faxing or mailing