

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 and cannot be Trusts.

This form will revoke all prior death beneficiary designations made by you for the account(s) listed below. 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	Full name	Date of birth	Tax ID (SSN or ITIN)
Full address (Street, City, State, ZIP) — US States & Territories only			

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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 does 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.

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

Account holder's signature

To be completed by Notary:

*Please complete all fields in notary section

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

Commonwealth / State

City / County

The foregoing instrument was SWORN TO AND SUBSCRIBED before me on this, the _____ day of _____, _____

(Day)

(Month)

(Year)

by

(First)

(Middle Initial)

(Last)

(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

Notary registration number

Commission expiration

Please include designation stamp here

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](https://www.capitalone.com/locations)**.

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:

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