

**THE MIAMI FIREFIGHTERS' RELIEF & PENSION FUND (I75 FUND)
DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARIES**

**TO: The Board of Trustees
The Miami Firefighters' Relief & Pension Fund
2980 NW South River Drive
Miami, Florida 33125**

Date: _____

I, _____, SS# _____, desire to revoke any previous nomination of beneficiary, which may be inconsistent herewith, and request that the following designation of beneficiary supersedes any designation of beneficiary previously filed with the Board of Trustees.

I do hereby designate _____, _____, _____,
(Name of Beneficiary or see below) (Social Security Number) (Date of Birth)

Whose address is _____, and whose relationship to me is _____, ("former spouse" must be identified here if desired) as the beneficiary to whom I request the Board of Trustees of the Miami Firefighters' Relief & Pension Fund to pay in the event of my death, the total amount of accumulated contributions and earnings to my credit in the Miami Firefighters' Relief & Pension Fund.

In the event said Beneficiary predeceases me, I designate as contingent beneficiaries in shares as listed below:
(Use back of form if additional space is needed. Warning, Divorce can impact contingent beneficiary designations!)

Name _____ (First) (Middle) (Last)	SS# _____	DOB _____	_____	_____
			(Relation)	(Percent)
Name _____ (First) (Middle) (Last)	SS# _____	DOB _____	_____	_____
			(Relation)	(Percent)
Name _____ (First) (Middle) (Last)	SS# _____	DOB _____	_____	_____
			(Relation)	(Percent)
Name _____ (First) (Middle) (Last)	SS# _____	DOB _____	_____	_____
			(Relation)	(Percent)

The right to change the beneficiary and contingent beneficiary or beneficiaries without consent is hereby reserved. I have been advised of the State Statutes enacted by HB 401, effective July 1, 2012, *Effect of Divorce on Designated Beneficiaries*.

I hereby authorize the Board of Trustees of The Miami Firefighters' Relief & Pension Fund to make payments to the beneficiary or beneficiaries whom I have above nominated, *IF permissible by Law*, and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation. I hereby direct that, should I survive any or all of the aforementioned beneficiaries, the amount which otherwise would have been payable to the beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with the Miami Firefighters' Relief & Pension Fund in accordance with the rules and regulations prescribed by the Board of Trustees.

Sign (Witnessed) Print

(Signed)

Sign (Witnessed) Print

(Address)

Phone: _____

Social Security Number Collection Disclosure Statement: Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.



IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.**

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.
- Unless otherwise indicated in Section 2, the information supplied on the form will apply to all the Group Life coverage(s) issued by The Prudential Insurance Company of America to the group contract holder.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, telephone number, social security number, relationship and Date of Birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"

- Select "Corporation/Organization" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- Include the address, city and state, telephone number and tax ID number of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.



Group Insurance Beneficiary Designation/Change

DATE: ____ / ____ / ____

1. EMPLOYEE INFORMATION (please print)

Last Name	First Name	MI	Employee ID# (if applicable)	Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Has this insurance been assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP Code	Daytime Phone	Home Phone	Date of Retirement (if applicable)
Name of Employer/Group Policyholder		Group Policy No.		Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan. This form applies only to <input type="checkbox"/> Basic Life <input type="checkbox"/> Basic AD&D <input type="checkbox"/> Optional Term Life <input type="checkbox"/> Optional AD&D coverages(s).		

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

A. Primary Beneficiaries

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

B. Contingent Beneficiaries

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
<input type="checkbox"/> Individual <input type="checkbox"/> Other									
<input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization									
TOTAL: (Must equal 100%)									

3. TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2

Trustee's Name (First, MI, Last)	Address (include city, state, ZIP)

And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee.

Title of Agreement

Date of Agreement



Group Insurance Beneficiary Designation/Change

4. **AUTHORIZATION/SIGNATURE** I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

Employee's Signature X _____ Date _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

Basic Life, Accidental Death & Dismemberment, Optional Term Life, Dependent Term Life, Long-Term Disability, Short-Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-842-1718. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

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The City of Miami
Employee Designation of Beneficiary and Contingent Beneficiaries
(Wages, Salary, Travel Reimbursement)

Date _____, 20 ____

TO THE CITY OF MIAMI
MIAMI, FL

I, the undersigned, desire to revoke any previous nomination of beneficiary which may be inconsistent herewith and request that the following designation of beneficiary supersede any designation of beneficiary previously filed with the City of Miami, Department of Human Resources.

I, the undersigned, do hereby designate _____,
(Name of Beneficiary)

_____, whose address is _____, and whose
(Date of Birth) (Address of Beneficiary)

relationship to me is _____,
(Relationship)

as the beneficiary to whom I request the City of Miami to pay in the event of my death the total amount of any wages, (including accumulated vacation, ill and earned time, as well as final regular hours worked), salary or travel reimbursement that I may be entitled to at the time of my death.

In the event said beneficiary predeceases me, I designate as contingent beneficiary number one (1):

Name _____
(First) (Middle) (Last) (Relationship) (Date of Birth)

Residing at _____
(Number) (Street) (City) (State) (Zip)

In the event said beneficiary and contingent beneficiary number one (1), precedes me, I designate as contingent beneficiary number two (2):

Name _____
(First) (Middle) (Last) (Relationship) (Date of Birth)

Residing at _____
(Number) (Street) (City) (State) (Zip)

I hereby authorize the City of Miami, to make payment to the beneficiary or contingent beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the City of Miami from any further obligation.

Florida Statutes provide that it is lawful for any employer, in case the death of an employee, to pay the wife or husband, and in case there is no wife or husband, then to the child or children provided the child or children are over the age of 18 years, and in case there is no child or children, then to the father or mother, any wages or traveling expenses that may be due such employee at the time of his death.

It is also lawful for the Division of Unemployment Compensation of the Department of Labor and Employment Security of the State of Florida, in case of death of any unemployed individual, to pay those persons referred to in previous paragraph, any unemployment compensation payments that may be due such individual at the time of death.

Printed Name _____

Signature _____

Social Sec. # _____

Address _____

City/State _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed to before me this _____ day of _____, 20_____.

(Notary Public, State of Florida, at Large)

My Commission Expires

_____ (Seal)

CITY OF MIAMI FIRE FIGHTERS' & POLICE OFFICERS' RETIREMENT TRUST
DESIGNATION OF BENEFICIARY

Date: _____

I, _____, S/S _____, desire to revoke any previous nomination of beneficiary, which may be inconsistent herewith, and request that the following designations of beneficiary supersede any designation of beneficiary previously filed with the Board of Trustees.

PART A (Accidental Death Benefits)

In the event of my death in the performance of duty, before retirement on pension, I, the undersigned, do hereby designate:

Name(s): _____

Birth Date(s): _____

Social Security: _____

Relation(s): _____

Address(es): _____

as beneficiary or beneficiaries to whom the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust should pay accidental death benefits as outlined in City of Miami Code Section 40-203 (i)(1) and Section 40-203 (j)(2).

In the event the above beneficiary(ries) **predecease** me, I further designate as contingent beneficiary(ries):

Name(s): _____

Birth Date(s): _____

Social Security: _____

Relation(s): _____

Address(es): _____

Initials _____

PART B (Ordinary Death Benefit)

In the event of my death, **not** in the performance of duty, before retirement on pension, I, the undersigned, do hereby designate:

Name(s): _____

Birth Date(s): _____

Social Security: _____

Relation(s): _____

Address(es): _____

as beneficiary or beneficiaries to whom the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust should pay Ordinary Death Benefits as outlined in the City of Miami Code Section 40-203(h) and Section 40-203 (j)(2)..

In the event the above beneficiary(ries) **predecease** me, I further designate as contingent beneficiary(ries):

Name(s): _____

Birth Date(s): _____

Social Security: _____

Relation(s): _____

Address(es): _____

Initials _____

I hereby authorize the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust to make payment to the beneficiary or beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation on account of the benefit. I hereby direct that, should I survive any or all of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate by written designation filed with the City of Miami Fire Fighters' and Police Officers' Retirement Trust in accordance with the rules and regulations prescribed by the Board of Trustees.

The right to change the designated beneficiary/beneficiaries and contingent beneficiary/beneficiaries without their consent is reserved.

Member Signature

Street Address

City State Zip

Telephone Number

E-Mail Address

Pursuant to Section 119.071(5)(a)2(a)(II), Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosure related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

State of Florida
County of Miami-Dade

The foregoing instrument was signed and acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Commission Expires:

Notary Public

CITY OF MIAMI FIRE FIGHTERS' AND POLICE OFFICERS'
RETIREMENT TRUST

"DEFERRED RETIREMENT OPTION PROGRAM"
 ATTACHMENT B

If I, _____ Social Security _____, should die before my DROP account balances are paid out in full, the following person (s) shall receive the pay out of the balance contained in my DROP Account with The Vanguard Group. The pay out of the DROP account balances selected by the foregoing shall be in addition to any payments payable according to the retirement option selected.

name		_____ %
Social Security	Date of Birth	Relationship

name		_____ %
Social Security	Date of Birth	Relationship

In the event that the foregoing person predeceases me, then the portion payable to that person shall be payable to the following person(s):

name		_____ %
Social Security	Date of Birth	Relationship

name		_____ %
Social Security	Date of Birth	Relationship

In the event that all of the foregoing person (s) predecease me, then the balance of my DROP account shall be paid to my estate.

Signature	Date
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Pursuant to Section 119.071(5)(a)2(a)(II), Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

Witness to Signature	Date
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MIAMI FIREFIGHTERS



BENEVOLENT

Miami Fire Fighters' Benevolent Assoc. Inc.

2980 N. W. SO. RIVER DRIVE • MIAMI, FLORIDA 33125
PHONE: 305-635-9613

Application for change of Beneficiary

To: Miami Firefighter's Benevolent Dated _____

From: _____
(Name of Applicant - Please Print Name in Full)

.....
I direct that my Beneficiary be _____
(Please print name in full)

Who is related to me as my _____, with percent

Address at _____
(Please print address in full)

Signature of Applicant: _____

Fire Station # _____.

Home Address of Applicant: _____
(Please print home address in full)

Witness: _____

FIREFIGHTERS RELIEF FUND

2980 N.W. South River Drive • Miami, Florida 33125

(305) 633-3994



Application for change of Beneficiary

To: Miami Firefighter's Relief Fund. Dated _____

From: _____
(Name of Applicant - Please Print Name in Full)

.....
I direct that my Beneficiary be _____
(Please print name in full)

Who is related to me as my _____, with percent

Address at _____
(Please print address in full)

Signature of Applicant: _____

Fire Station # _____

Home Address of Applicant: _____
(Please print home address in full)

Witness: _____



Beneficiary Change Form

Participant Information
(please print)

Social Security Number		Employer Name	State
Last Name		First Name	Middle Initial
Street Address			
City		State	Zip Code
Contact Phone Number		Email Address	

Beneficiary Designation

Indicate the names of the beneficiaries, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth. *If you do not indicate the percentage, payments will be distributed equally.* This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary. *Split must be in whole percentages.*

Beneficiary Type	Beneficiary Name	Split %	Relationship	Social Security Number	Date of Birth
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Attach a separate sheet if needed.
Check box if a separate sheet is attached.

Authorization

This designation supercedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. Any benefits payable at my death shall be paid in equal shares unless otherwise specified. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Participant Signature	Date
Witness Signature (NOTE: Witness cannot be a named beneficiary)	Date
Witness Name & Address	Witness City, State, and Zip Code

Mail completed form to: Nationwide Retirement Solutions
P.O. Box 182797
Columbus, Ohio 43218-2797

Model Beneficiary Designations

Please use the following designations as a guide when completing this form.

1. Joan Nation, spouse (Primary).
2. Joan Nation, spouse (Primary), Henry Nation, son (Contingent).
3. Joan Nation, spouse (Primary), Henry Nation and Betty Nation, children (Contingent).
4. Henry Nation and Betty Nation, children (Primary).
5. Henry Nation, John Nation, and Betty Nation, children (Primary).
6. Sara Nation, mother, and George Nation, father (Primary), Jean Nation, sister (Contingent).
7. Estate. (Requires certified copy of "Letters of Office" appointing an executor of the Estate).
8. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. **(Attach a copy of the title and signature page of the Trust).**

Generic beneficiary designations will not be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

Mail completed form to:
Nationwide Retirement Solutions
P.O. Box 182797
Columbus, Ohio 43218-2797



MIAMI FIREFIGHTERS FEDERAL CREDIT UNION

1111 N. W. 7th Street

Miami FL 33136

(305) 324-4004 (800) 426-3324

Account Changes

Adding a joint owner –

A new signature card must be filled out and signed by all parties to the account.

A copy of a non-expired driver license is required.

Joint owners have just as much right to your account as you.

Adding Beneficiaries –

You will need the *full name and social security number* of the person you wish to make your beneficiary. Primary, Contingent, and Percentage are accepted.

Remove a joint owner –

To remove a joint owner from your account you must have that person file out a “joint account owner deletion” form. Once this form is filled out, you may remove them and replace with another person or beneficiary.

Removing a joint owner who doesn't cooperate –

Unless they sign the above form the only way to solve this problem is to open another account and remove the funds from the original account.

Removing/Changing a Beneficiary –

This can be done at anytime providing you have the required information as stated in adding a beneficiary. Beneficiaries are not notified if they are added or removed.

CD's, Safety Deposit Boxes and IRA's

CD's and IRA's have their own designated joint owners or beneficiaries. To change please see Teri.

Safety Deposit Boxes removing a signor requires the same paperwork as removing a joint owner. All signors must be present to be added to account entrance card.



MIAMI FIREFIGHTERS FEDERAL CREDIT UNION

1111 N. W. 7th Street

Miami FL 33136

(305) 324-4004 (800) 426-3324

FAQ

Can I have a joint owner and beneficiary? Yes, your joint owner will have complete access to your account whereas a beneficiary would only have access to the funds if both the owner and joint are deceased.

(This is suggested for married with minor children)

If I have a court order to remove someone from my account do they need to sign a deletion form? No, however we would recommend you open another account just to be on the safe side so that there could be no "accidental" withdrawals etc.

What if I don't know my beneficiaries social security number? This is our only form of ID and the only way the CU can do the required federal security measures. We will not be able to add the beneficiary until this information is obtained.

Why do you need a copy of my or my joint owner's driver license? 9/11 created a tremendous amount of security procedures and this is one of them. A non-expired picture ID must be on file on the date of opening the account or adding a joint owner.

Does my CD's and/or IRA joint owner or beneficiary have to be the same as those on my savings and checking? No, these are designate owners/beneficiaries so they can be completely different.

What if I don't want a joint or beneficiary however, I have a POA (Power of Atty)? A POA is only valid while you are alive. If you should pass, your estate would go to probate court.

What if I have a joint owner, beneficiary and a POA? Your joint owner has total access to your account both while you are alive or if you pass, your beneficiary has access to your account only if you *and* your joint owner have passed and your POA only has access on your behalf while you are alive however, they **cannot** change, delete or add anyone to any of your accounts including CD's and IRA's..