



A Touchstone Energy® Cooperative 

PAYABLE ON DEATH

DESIGNATION OF BENEFICIARY FORM

Member Information *(please print legibly)*

Name _____ Name of Joint Account Holder _____

Customer Number _____ Account Number _____

Address _____

City, State, Zip _____ Phone _____

I/We, _____ / _____,
designate the following as the beneficiary(ies) of my capital credit account with Pioneer Electric Cooperative to be paid upon my/our death to:

Designated Beneficiaries*

Please check primary or secondary beneficiary below. At least one primary beneficiary should be listed. If you wish for your credits to be distributed evenly among three children, you will want to mark three primary beneficiaries. The secondary beneficiary(ies) would only receive funds if all primary beneficiaries are deceased. **Note:** If a joint member wishes to name different beneficiaries, he/she will need to complete a separate form.

**A power of attorney cannot name him/herself as a beneficiary.*

Primary Beneficiary Secondary Beneficiary

Name _____

Phone _____ Relationship _____ Date of Birth _____

Primary Beneficiary Secondary Beneficiary

Name _____

Phone _____ Relationship _____ Date of Birth _____

Additional space for beneficiaries can be found on the backside of this form.

Required Signature

Pioneer Rural Electric Cooperative is authorized to register ownership of my capital credit account with Pioneer in my name and pay on death in accordance with the policies of the Cooperative to the primary beneficiary(ies) named herein or to the secondary beneficiary(ies) should the primary predecease me. This designation remains in effect until amended or revoked by me via written instructions to do so.

Member Signature

Member Signature *(if joint membership)*

Date

Date

Additional Designated Beneficiary(ies) *A fee may be assessed for five or more such beneficiaries.*

Primary Beneficiary Secondary Beneficiary

Name _____

Phone _____ Relationship _____ Date of Birth _____

Primary Beneficiary Secondary Beneficiary

Name _____

Phone _____ Relationship _____ Date of Birth _____

Primary Beneficiary Secondary Beneficiary

Name _____

Phone _____ Relationship _____ Date of Birth _____

Primary Beneficiary Secondary Beneficiary

Name _____

Phone _____ Relationship _____ Date of Birth _____

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