

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. Please be sure to list all beneficiaries, including existing beneficiaries currently designated on your account(s).

If you want to designate different beneficiaries for different accounts, please fill out one form for each set of beneficiaries.

Check this box to **remove** all beneficiaries from the accounts listed below. (If checked, do not list any beneficiaries on page 2)

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

Beneficiary

Full Name

Date of Birth

Tax ID (SSN or ITIN)

Full Address (Street, City, State, ZIP) – US States & Territories Only

Beneficiary

Full Name

Date of Birth

Tax ID (SSN or ITIN)

Full Address (Street, City, State, ZIP) – US States & Territories Only

Beneficiary

Full Name

Date of Birth

Tax ID (SSN or ITIN)

Full Address (Street, City, State, ZIP) – US States & Territories Only

Beneficiary

Full Name

Date of Birth

Tax ID (SSN or ITIN)

Full Address (Street, City, State, ZIP) – US States & Territories Only

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.

Account Holder's Full Name	Date of Birth
<input type="text"/>	<input type="text"/>
Account Holder's Signature	
<input type="text"/>	
COMMONWEALTH / STATE OF _____	
CITY / COUNTY OF _____	
The foregoing instrument was SWORN TO AND SUBSCRIBED before me on this, the ____ day of ____ 20 ____ by _____ who personally appeared and is ____ personally known to me, or ____ produced the following identification _____.	
Signature of Notary Public	
<input type="text"/>	
Notary Registration Number	Commission Expiration
<input type="text"/>	<input type="text"/>

Louisiana Customers Only		<i>This form must be signed in the presence of a Notary and two additional witnesses</i>	
Witness Name (Printed)	<input type="text"/>	Witness Name (Printed)	<input type="text"/>
Witness Signature	Date	Witness Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 form to a Capital One branch location to submit on your behalf.

For your safety, we've temporarily closed a limited number of branches in response to COVID-19, where there wasn't a form of physical separation—such as protective glass or drive-up servicing. Any Capital One locations that are open can be found at locations.capitalone.com and are practicing guidelines set forth by the CDC. Although our employees are working diligently to respond to your needs, you may experience processing delays. We appreciate your patience and understanding.

If you have any questions, give us a call at 1-888-464-0727, 8 a.m.–11 p.m. ET, 7 days a week. We'll be happy to help you.

Mail:

Capital One Bank
PO Box 98707
Las Vegas, NV 89193

Fax:

888-464-3220