

Revocation of Pay-on-Death Agreement

Account Name: _____ Account Number: _____

I, _____, hereby revoke the Pay-on-Death Account Agreement with Interra Credit Union dated _____, which names _____ as beneficiary.

IN WITNESS WHEREOF, I sign my name to this Revocation this _____ day of

_____, _____.

*If the account is a multi-party (joint) account, all owners must sign acknowledging the Revocation.