



Checking, Savings, and Money Market Accounts

Payable-on-death (POD) beneficiary claim form

INSTRUCTIONS TO BENEFICIARY: To claim funds as a payable-on-death (POD) beneficiary for a CIBC Bank USA Checking, Savings, or Money Market account, please complete this form and include the required documentation, as noted below.

Each beneficiary must complete their own form. Keep a copy of this form for your records. Please return this form via:

- **MAIL:** Mail a notarized version of this form with all required documents to us at:

CIBC Bank USA
 POD Account Processing
 6825 West 111th Street
 Worth, IL 60482

You may wish to use registered or certified mail or another method that allows tracking. Please do not use email, as this form contains sensitive information, and email is not a secure form of communication.

- **IN-PERSON:** Deliver a completed form and required documents to any US CIBC banking center during hours of operation. A current list of our banking centers is available at cibc.com/us or by calling us at 877-448-6500. You will be required to sign this form in the presence of a bank employee and present a current valid form of photo identification (driver's license, state-issued ID, or US passport). Please note that if you drop off this form in person at one of our banking centers, your funds may not be ready immediately. We will give you an estimated time frame and contact you when the funds are ready for pickup.

Once we receive this completed form, and all required documentation, we will act promptly to distribute to you any funds to which you are entitled in accordance with applicable law. However, please keep in mind that certain factors may result in delays, such as legal constraints or the need to confirm additional POD beneficiaries on this account. You may contact us at 877-448-6500 with any questions or to check status.

Please note accounts will be closed upon disbursement of funds.

POD BENEFICIARY CLAIM BY:

First

Middle

Last

I attest that I am a payable-on-death (POD) beneficiary entitled to funds in the account at CIBC Bank USA named by the following account owner(s):

Account owner name _____

Account owner name _____



SELECT ACCOUNT TYPE

Money Market Savings Checking

(1) REQUIRED DOCUMENTATION CONFIRMING DEATH OF ACCOUNT OWNER(S):

I am attaching an original or certified copy of the death certificate for each account owner. (If there was more than one owner of the account, a death certificate for each must be included.)

(2) METHOD OF PAYMENT:

I would like CIBC Bank USA to provide my funds to me by the following method:

Mail the funds to me by check at my mailing address provided on this form.

I prefer to pick up my check in person at a CIBC banking center in the United States. A current list of US CIBC banking centers can be found at cibc.com/us or by calling (877) 448-6500. I will present a current valid form of photo identification (driver's license, state-issued ID, US or passport) when picking up my funds.

(3) CURRENT CONTACT INFORMATION:

Name

Mailing address

Apt/Suite

City

State

Zip

Phone numbers

Office:

Home:

Mobile/Cell:

Email address

I attest, under penalty of perjury, that all information I am providing to CIBC Bank USA is true and correct to the best of my knowledge.

Signature: _____

Notary or CIBC Bank USA representative witnessing the signature

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|---------------------------|-------|--------|
| For bank use only: | | |
| Date form presented: | | |
| Branch | Mail: | Other: |
| ID verified by: | | |

