



Request to Add or Remove a POD Beneficiary (Trust)

Please list only Primary beneficiaries. Account funds will be split evenly between all primary beneficiaries.

VIO Bank Account Number: _____

Add a Trust as Payable on Death (POD) Beneficiary(ies)

Full Name of Trust: _____

Date of Trust: _____

Full Name of Trust: _____

Date of Trust: _____

Remove a Trust as Payable on Death (POD) Beneficiary(ies)

Name of Trust to be removed as POD(s): _____

The undersigned hereby acknowledges and agrees that this original document will be scanned into the Bank's electronic document retention system and the electronic image of this document will then become the original document going forward. The undersigned hereby waives any claims based on production of, or the existence of, the hard-copy original document.

If you reside in a state other than Oklahoma or Arizona, you agree that federal laws and regulations and to the extent that state law applies, the laws of the State of Oklahoma, shall govern any Account activity and transactions performed through VIO Bank.

Requires the signature of all account owners below, as well as a notary for either an Add or Remove request and on both forms.

Print Name of Account Owner

Signature of Account Owner

Print Name of Account Owner

Signature of Account Owner

STATE OF : _____)

SS:

COUNTY OF : _____)

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public

My Commission Expires _____

(Seal)

For Internal Use Only	
Employee Name	Date

Once you have signed and notarized this form, please submit it to Vio Bank via email to digitalbankforms@midfirst.com, fax to (405 840-0862), or mail to P.O. Box 76149, Oklahoma City, Oklahoma 73147



TRUST CERTIFICATION

The undersigned Trustee(s) declares the following:

Trust: The Trust known as _____ (the complete legal name of the Trust), originally executed on _____ (date) and (if applicable) was amended on _____ (dates of applicable amendments), is a valid and existing trust.

1. **Settlor(s).** The full name(s) of the settlor(s) of the Trust is/are:

2. **Trustee(s).** The full name(s) of the trustee/co-trustees is/are:

3. **Successor Trustee(s).** As of today, the person(s) designated to become successor trustee or successor co-trustees is/are:

4. **Revocability** (check only one).

- ☐ a. **Revocable.** The Trust is a revocable trust.
- ☐ b. **Irrevocable.** The Trust is an irrevocable trust.

5. **Notification.** I/We agree to immediately notify the Bank if:

- a. the Trust is revoked or terminated;
- b. the Trust is amended, in which case we agree to also provide the Bank with correct copies of the amendment(s);
- c. one or more trustees and/or successor trustees change, in which case we understand that all trustees will be required to sign an updated Trust Certification; or
- d. if the Trust is currently revocable, to immediately notify the Bank if the Trust becomes irrevocable.

The undersigned is/are all of the current trustee(s) of the Trust and as such have all requisite authority to bind the Trust. The undersigned hereby warrants that any co-trustee, acting alone and without the consent of the other co-trustee, is authorized to act on behalf of and bind the Trust in all matters associated to the account held at Vio Bank (a division of MidFirst Bank).

The undersigned declares that the Trust has not been revoked, modified, or amended in any manner which would cause representations contained in this Trust Certification to be incorrect.

(signature page follows)

A division of MidFirst Bank



Trust Name: _____

SIGNATURES OF ALL TRUSTEES ARE REQUIRED AND MUST BE NOTARIZED

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20_____ by
_____, _____, _____ as Trustee(s) of
the _____ Trust.

My commission expires: _____ X

Notary Public

(Seal)
STATE OF _____)
COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____, 20_____ by
_____, _____, _____ as Trustee(s) of
the _____ Trust.

My commission expires: _____ X

Notary Public

(Seal)
STATE OF _____)
COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of _____, 20_____ by
_____, _____, _____ as Trustee(s) of
the _____ Trust.

My commission expires: _____ X

Notary Public

(Seal)

Once you have signed and notarized both POD Trust forms, please submit it to Vio Bank via email to digitalbankforms@midfirst.com, fax to (405) 840-0862, or mail to P.O. Box 76149, Oklahoma City, Oklahoma 73147