

## ACCOUNT CHANGE CARD

### SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

**TYPE OF CHANGE** (Please indicate the type of change and complete only the information that affects the change.)

<b>Member/Owner Information</b> <input type="checkbox"/> CHANGE <b>Agent</b> <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE <b>Other:</b> _____ <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>Joint Owner(s) Information</b> <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE <b>POD/Trust Beneficiary</b> <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE <b>Account Type/Services</b> <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE
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### OWNERSHIP INFORMATION CHANGES

<b>Member/Owner:</b>		<b>Member No:</b>
<b>Street:</b>		<b>SSN/TIN:</b>
<b>City/State/Zip:</b>		<b>Driver's Lic. No:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Date of Birth:</b>
<b>Work Phone:</b>	<b>E-mail:</b>	<b>Password:</b>
<b>Employer:</b>		<b>Employer Address:</b>

### JOINT MULTIPLE PARTY ACCOUNT INFORMATION

The account(s) is a Joint Account:     with Rights of Survivorship     without Rights of Survivorship

**Joint Owner:** If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

<b>Joint Owner:</b>		<b>SSN/TIN:</b>
<b>Street:</b>		<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>		<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Password:</b>
<b>Work Phone:</b>	<b>E-mail:</b>	
<b>Employer:</b>		<b>Employer Address:</b>

<b>Joint Owner:</b>		<b>SSN/TIN:</b>
<b>Street:</b>		<b>Driver's Lic. No:</b>
<b>City/State/Zip:</b>		<b>Date of Birth:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Password:</b>
<b>Work Phone:</b>	<b>E-mail:</b>	

### ACCOUNT TYPE

Suffix *	Suffix *
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

### ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:
<input type="checkbox"/> Audio Response:
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):
<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:
<input type="checkbox"/> Other:

### CUSTODIAL DESIGNATION AND INFORMATION

The account(s) listed in the "ACCOUNT TYPE" section is/are held by \_\_\_\_\_ (Custodian)  
 as custodian for \_\_\_\_\_ (Minor) under the DC Transfers to Minors Uniform Law.

Custodian's Address:	Date of Birth:
Phone:	SSN/TIN:

**DESIGNATION OF SUCCESSOR CUSTODIAN**

Pursuant to the DC Transfers to Minors Uniform Law, I hereby designate

successor custodian for all accounts listed in the "ACCOUNT TYPE" section. This designation shall take effect only upon my death, resignation, incapacity or removal.

**X**

Signature of Custodian

**X**

Date

Witness

Date

**ACCOUNT OWNERSHIP INFORMATION**

**Party Initials** Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section. (Parties to the account are listed as Member/Owner and Joint Owner.)

\_\_\_\_\_ **SINGLE PARTY ACCOUNT DESIGNATION.** On the death of the party, ownership of the account passes as a part of the party's estate.

\_\_\_\_\_ **SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION.** On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section.

\_\_\_\_\_ **MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.** (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions unless there is clear and convincing evidence of a different intent. On the death of a party, the party's ownership of the account passes to the surviving parties.

\_\_\_\_\_ **MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION.** (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions unless there is clear and convincing evidence of a different intent. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries and is not part of the last surviving party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section.

\_\_\_\_\_ **MULTIPLE PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP.** (All parties must initial.) The parties to the account own the account in proportion to the parties' net contributions unless there is clear and convincing evidence of a different intent. On the death of a party, the deceased party's ownership of the account passes as a part of the deceased party's estate.

**AGENCY DESIGNATIONS**

The parties(ies) to the account own(s) the account. The agent to the account may make account transactions for the party(ies) but has no ownership or rights at death unless named as a POD beneficiary.

**Agency**  **Agent only for HSA** Print Name of Agent: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Select one and initial: (All parties must initial.)

\_\_\_\_\_ Agency designation survives disability or incapacity of parties.

\_\_\_\_\_ Agency designation terminates on disability or incapacity of parties.

Other: \_\_\_\_\_

**POD BENEFICIARIES**

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed are beneficiaries to all the accounts listed in the "ACCOUNT TYPE" section.

Name of Beneficiary:			Home Phone:
Date of Birth:	SSN/TIN:	Email:	Relationship:
Name of Beneficiary:			Home Phone:
Date of Birth:	SSN/TIN:	Email:	Relationship:
Name of Beneficiary:			Home Phone:
Date of Birth:	SSN/TIN:	Email:	Relationship:
Name of Beneficiary:			Home Phone:
Date of Birth:	SSN/TIN:	Email:	Relationship:

**AUTHORIZATION**

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.

**X**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**X**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**X**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**X**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

See Account Authorization Card

See Insurance Beneficiary Election

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking