



Account Change Form

Change of Name for Account # _____

NOTE: You MUST change your legal name with the Social Security Administration

Individual's Former Name

Individual's New Name

New Driver's License / ID Number

X

Signature

Date

Change of Beneficiary for Account # _____, or CD Share # _____

Beneficiary Information and Provisions

Upon death of the owner, or last surviving owner if there is more than one, the funds covered by this agreement shall become the property of the beneficiary(ies) listed below who are alive at that time. In addition, each beneficiary shall have the power to withdraw only his or her equal share, of the remaining account balance together with any accumulations on such amount. The multiple name account agreement shall not apply to beneficiaries. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

BENEFICIARY 1

PLEASE PRINT

First Name MI Last
Relationship Date of Birth

BENEFICIARY 2

PLEASE PRINT

First Name MI Last
Relationship Date of Birth

BENEFICIARY 3

PLEASE PRINT

First Name MI Last
Relationship Date of Birth

BENEFICIARY 4

PLEASE PRINT

First Name MI Last
Relationship Date of Birth

X

Primary Member Signature

Date

NOTE: We must have ALL member signatures to make any beneficiary changes

X

Joint Member Signature

Date

X

Joint Member Signature

Date

X

Joint Member Signature

Date

CREDIT UNION USE ONLY

Received by _____ Date _____ Membership Officer _____ Scanned Date _____

Notes:

Primary Owner (Last Name, First Name)

Account #