



Business Membership Address Change and Beneficiary Designation Form

Application Date _____

Address Change for all Business Classifications

BUSINESS NAME	Business (DBA) Name		Expiration Date(if DBA Name)	
	Current Street Address	City,	State	Zip
	Current Mailing Address (if different)	City,	State	Zip
	Phone Number(s)	Email address for eStatements		

X _____	_____	_____
Signature	Date	Name/Title of person authorized to open account (corporation, LLC, association only)

Beneficiaries (ONLY Sole Proprietors may designate beneficiaries)

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. No beneficiary shall have any right under any circumstances to change the terms and conditions of this agreement.

DESIGNATED BENEFICIARIES	Name	Relationship	Birth Date
	Name	Relationship	Birth Date
DESIGNATED BENEFICIARIES	Name	Relationship	Birth Date

X _____	_____
Business Owner's Signature	Date

CREDIT UNION USE ONLY	
Received by _____ <input type="checkbox"/> Scanned Date _____	
Business Name	Account #