



Change Form for Individual Accounts

Change of Address for Primary Owner Joint Owner # _____

New Street Address	City	State	Zip
New Mailing Address (if different)	City	State	Zip
New Alternate/Seasonal Mailing Address (if any)	City	State	Zip
New Home Phone # ()	New Work Phone # ()	New Cell Phone # ()	New Alternate/Seasonal Phone ()

X _____
Signature _____ Date _____

Assignment of Interest in Share and/or Deposit Account

For a valuable consideration, receipt of which is acknowledged, the undersigned does (do) hereby assign, his/her/their interest in all sums now standing or which may hereafter be placed to the credit of the above account, either as shares, deposits, dividends, Life Savings Insurance proceeds or of any other kind, to the remaining account owner(s). In the event there shall remain more than one account owner in this account, this assignment shall not affect the joint nature of the account as between the surviving owners.

NOTE: This form should be signed by all parties who are relinquishing their rights to the account. It should not be signed by the party or parties who are retaining ownership rights.

X _____
Signature _____ Date _____

X _____
Witness Signature _____ Date _____

Change of Name for Primary Owner Joint Owner # _____

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

Member's Former Name	
Member's New Name	New Driver's License / ID Number

X _____
Signature _____ Date _____

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, unless specified otherwise, 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			BENEFICIARY 2		
PLEASE PRINT			PLEASE PRINT		
X			X		
First Name	MI	Last	First Name	MI	Last
Relationship		Date of Birth	Relationship		Date of Birth

X _____
Member Signature _____ Date _____

CREDIT UNION USE ONLY

Received by _____ Date _____ Membership Officer _____ Scanned Date _____

Notes:

Primary Owner (Last Name, First Name)	Account #
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