

Account Update Form

Page 1

Member Information - Member Number _____

_____	_____	_____	_____
Name	SSN	DOB (MM/DD/YY)	
_____	_____	_____	_____
Address	City	State	ZIP
_____	_____		
Email Address	Mother's Maiden Name		
_____	_____	_____	_____
Cell Phone	Home Phone	Work Phone	

Account

Update all my accounts

I would like to add the accounts marked below **I would like to update the accounts marked below**

- | | | |
|--|--|--|
| <input type="checkbox"/> Share Savings | <input type="checkbox"/> Club Account: Name _____ | <input type="checkbox"/> IRA <small>(Requires additional paperwork. Our IRA specialist will contact you)</small> |
| <input type="checkbox"/> Standard Checking | <input type="checkbox"/> Money Market: Standard or Legacy <small>(Circle One)</small> | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Specialty Checking: Acct. Type _____
<small>(Specialty Checking Accounts include: Legacy, High-Yield, Debit Card Points, ATM Rebate, Student, and Youth)</small> | <input type="checkbox"/> Share Certificate: Term _____ | <input type="checkbox"/> Add debit card |

Additional Joint Owner *(to add more, attach on separate sheet)* **Must provide physical address and copy of driver's license or Government issued photo ID**

Joint Owner **Power of Attorney**

_____	_____	_____	_____
Name	SSN	DOB (MM/DD/YY)	
_____	_____	_____	_____
Address	City	State	ZIP
_____	_____		
Email Address	Mother's Maiden Name		
_____	_____	_____	_____
Cell Phone	Home Phone	Work Phone	

With Survivorship Without Survivorship

Joint Owner **Power of Attorney**

_____	_____	_____	_____
Name	SSN	DOB (MM/DD/YY)	
_____	_____	_____	_____
Address	City	State	ZIP
_____	_____		
Email Address	Mother's Maiden Name		
_____	_____	_____	_____
Cell Phone	Home Phone	Work Phone	

With Survivorship Without Survivorship

Account Update Form

Page 2

Beneficiaries

Name SSN DOB (MM/DD/YY)

Address City State ZIP

Percentage of Benefit Home Phone

Additional Beneficiaries (to add more, attach on a separate sheet)

Name SSN DOB (MM/DD/YY)

Address City State ZIP

Percentage of Benefit Home Phone

Remove Beneficiarie(s)

Name

Name

Remove Joint Owner(s)

Name

Name

We understand removal of a Multiple Account Owners requires consent of all account owners, and you will hold the Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including and membership share in the account(s) set forth on the previous page. This relinquishment does not affect our obligation on any loan account.

Name and/or Address Change (please attach name change support documents: Government Issued ID, Court Documents, Marriage License, Divorce Decree, etc.)

Name

Address City State ZIP

Email Address Home Phone

Work Phone Cell Phone

Account Update Form

Page 3

E-Statements

If you would prefer to receive your statements through email, you must first be enrolled in our Online Branch. Once enrolled, you can request access to e-statements through Online Branch. You will receive an email when statements are available, and can access your available statements at anytime by logging in to Online Branch. You may change your mind at any time and elect to receive paper statements.

For assistance, contact Signature FCU at (800) 336.0284 or email eservices@signaturefcu.org

Authorization and US Patriot Act

By signing below, I/We agree to the original terms and agreements that were provided during account opening, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreement and disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the EFT agreement. I agree to allow Signature FCU obtain a copy of my credit report for the purpose of establishing credit.

To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify, and record information that identified all new Credit Union Members. The Credit Union must also verify the identity of non-members added as signatories on accounts. In addition to verifying identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy. If you are an existing member, we will need to verify and retain copies of any documents used to verify identity when you request new accounts or services.

 Member Signature

Date

 Joint Owner Signature

Date

 Joint Owner Signature

Date

 Power of Attorney Signature

Date

For Office Use Only

 OFAC Verified by

Date

Opened By