

**Reason for revision:**

- Address Change (Complete Sections A and B)
- Add Joint Owner (Complete Sections A, B, C and F)....  Issue Joint Owner Debit Card
- Delete Joint Owner (Complete Sections A, B, E and F)
- Name Change (Complete Sections A, B and D).....  Reorder Debit Card with new name
- Update Information (Complete Sections A, B and F)
- Change Beneficiary (Complete Sections A, B and F)

Branch used most often:

- Downey
- Buena Park
- Montebello
- Claremont
- Los Angeles

**Account Ownership:**  Individual  Joint Account  Trust  UTMA  Business

**A. PRIMARY OWNER - please print**

Employer Name Occupation Employer Phone  
( )

Employer Address City State Zip

Last Name First Middle Account Number

Mailing Address Apt# City State Zip

Home Address (If different than mailing address) Do Not Use Work Address or P.O. Box

Home Phone ( ) Date of Birth / / Driver's License Number Mother's Maiden Name

Cell Phone ( ) Social Security Number Other CU Acct. No.s

E-mail

**B. SIGNATURES - Designate Beneficiary on reverse side**

My signature below and use of the account will confirm my agreement to be bound by and my acceptance of the Agreement below.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**AGREEMENT**

By signing below I/we are acknowledging and agree to the following:  
I understand I will be given access to the Quick Tel Audio Response System and @ Home Banking. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Truth in Savings Disclosure, and Electronic Service Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference).

I authorize you to gather whatever credit, checking account and employment information you consider appropriated from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. If I am in default on a financial obligation to you, federal law gives you the right to apply the balance of shares and dividends in my account(s) (except IRA's) at the time of default to satisfy that obligation. Once I am in default, you may exercise this right without further notice to me. I understand and agree that you may retain this Revision Card and any other information you may receive.

**X** Primary Member Date **X** First Joint Owner (new) Date

Print Print

**X** Second Joint Owner Date **X** Third Joint Owner Date

Print Print

**DOCUMENTATION REQUIRED FOR EACH REVISION**

**C. ADD JOINT OWNER**

**Important Information About Procedures for Opening a New Account**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for Me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Copy of California ID/Drivers License

How are you related to our member?	Social Security Number
Name of Person to be added	Date of Birth
Street Address	California I.D. or Drivers License Number
City, State, Zip	Mother's Maiden Name
Home# (_____) _____	Employer Name Occupation
Work# (_____) _____	Employer Address
Cell# (_____) _____	City, State, Zip
E-mail _____	

**D. NAME CHANGE**

Copy of New California ID with New Name  
 Copy of Marriage Certificate or Divorce Decree

NEW NAME	OLD NAME
Print Name _____	Print Name _____

**E. REMOVE JOINT OWNER ON ACCOUNT**

Name of Person to be Removed \_\_\_\_\_

Copy of California ID/Drivers License of removed owner  
 Copy of death certificate of deceased owner

Print Name \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Removed Owner

**F. DESIGNATION OF BENEFICIARY**

Complete this area to establish a beneficiary on this account (not including IRA's). Any owner on a joint account may designate a beneficiary, but please be aware a joint account will completely belong to the surviving account owner(s). A designated beneficiary will only receive unencumbered funds in your account if all account owners are deceased. This form is used upon the presentation of a valid death certificate of all the owners and valid identification of the beneficiary. Do not consider any information here as legal or estate planning advice, you should consult an attorney for such matters.

**PRIMARY BENEFICIARY**

Name _____	Relationship _____	DOB _____	SSN _____
Address _____			Phone _____

**CONTINGENT BENEFICIARY**

Name _____	Relationship _____	DOB _____	SSN _____
Address _____			Phone _____

CU Representative	E-Funds & OFAC
Name _____ Date _____	
Applicant Approved	