



## 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# (\_\_\_\_\_) \_\_\_\_\_

Cell# (\_\_\_\_\_) \_\_\_\_\_

Employer Address

E-mail \_\_\_\_\_

City, State, Zip

### 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