

Reason for revision:

☐ Address Change (Complete Sections A and B)
☐ Add Joint Owner (Complete Sections A, B, C and F)....
☐ Delete Joint Owner (Complete Sections A, B, E and F)
☐ Name Change (Complete Sections A, B and D).....
☐ Update Information (Complete Sections A, B and F)
☐ Change Beneficiary (Complete Sections A, B and F)

☐ Issue Joint Owner Debit Card
☐ Reorder Debit Card with new name

Branch used most often:

☐ Downey
☐ Buena Park
☐ Montebello
☐ Claremont

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
X _____ Second Joint Owner	Date	X _____ Third Joint Owner	Date

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# ()

E-mail

City, State, Zip

D. NAME CHANGE

☐ Copy of New California ID with New Name

☐ Copy of Social Security Card

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	<input type="checkbox"/> OFAC	<input type="checkbox"/> OD Transfer	E-Funds
Name	<input type="checkbox"/> New Acct. Warnings	<input type="checkbox"/> Check Order/Temp. Cks.	
Date	<input type="checkbox"/> Valid ID/Occupation	<input type="checkbox"/> TIS/Rate Sheet	
Applicant Approved	<input type="checkbox"/> ODP	<input type="checkbox"/> Debit Card/Verify Date	
	<input type="checkbox"/> ID Card Issued	<input type="checkbox"/> Credit Report	