RANCHO FEDERAL CREDIT UNION				APPLICATION REVISION			
Reason for revision:					Branch used most often:		
Address Change	(Complete Sec	tions A and B)			🗌 Buena Park		
Add Joint Owner	(Complete Sec	(Complete Sections A, B, C and F) Issue Joint Owner Debit Card					
Delete Joint Owner	er (Complete Sections A, B, E and F)						
Name Change							
Update Information	(Complete Sections A, B and F)						
Change Beneficiary	ge Beneficiary (Complete Sections A, B and F)						
Account Ownership:	Individual	Joint Acco	ount 🗌 Trust		Business		
A. PRIMARY OW	/NER - plea	se print					
Employer Name		C	Occupation	Emp (loyer Phone)		
Employer Address		(City	State	e Zip		
Last Name	First		Middle	Account Numb	er		
Mailing Address	Apt#	C	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 N	umber	Mother's Maiden Name		
()							
Cell Phone	5	Social Security Number			Other CU Acct. No.s		
()							
E-mail	·						

B. SIGNATURES - Designate Beneficary 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 obliation 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		X	
Primary Member	Date	First Joint Owner (new)	Date
X		x	
Second Joint Owner	Date	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 Lic	ense Number
City, State, Zip	Mother's Maiden Name	
Home# ()	Employer Name	Occupation
Cell# ()		
E-mail	City, State, Zip	
D. NAME CHANGE		
Copy of New California ID with New N Copy of Social Security Card	Vame	
NEW NAME	OLD NAME	
Print Name	Print Name	
E. REMOVE JOINT OWNER	ON ACCOUNT	
Name of Person to be Removed	Copy of California ID/Drive	
	X	
Print Name	Signature of Removed Own	er
F. DESIGNATION OF BENE		
beneficiary, but please be aware a joint acc will only receive unencumbered funds in yo	ry on this account (not including IRA's). Any owner or count will completely belong to the surviving account or our account if all account owners are deceased. This for and valid identification of the beneficiary. Do not consi- tult an attorney for such matters.	wner(s). A designated beneficiary orm is used upon the presentation
PRIMARY BENEFICIARY		
Name	Relationship	DOB SSN
Address		Phone

CONTINGENT BENEFICIARY

Name		Relationship		DOB	SSN
Address					Phone
CU Representative		OFAC	OD Transfer	E-Funds	
		🗌 New Acct. Warning	s 🗌 Check Order/Temp. Cks.		
Name Dat	Date	Valid ID/Occupatio	n 🗌 TIS/Rate Sheet		
		DDP	Debit Card/Verify Date		
Applicant Approved		ID Card Issued	Credit Report		