



ACCOUNT CHANGE FORM

	MEMBER NUMBER	EFFECTIVE DATE
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<input type="checkbox"/> REMOVE JOINT OWNER/BENEFICIARY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ADD JOINT OWNER/BENEFICIARY	<input type="checkbox"/> NAME CHANGE

Primary Owner's Name			Birth Date	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Cell Phone Number	Home Phone Number	Work Phone Number		
Email Address			Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

Owner #2 Name			Birth Date	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Cell Phone Number	Home Phone Number	Work Phone Number		
Email Address			Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

Owner #3 Name			Birth Date	
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Cell Phone Number	Home Phone Number	Work Phone Number		
Email Address			Mother's Maiden Name	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation	

Payable-On-Death Account Beneficiary Change Designation

Name		Relationship	Social Security Number	Percentage
Address		City	State	Zip
Name		Relationship	Social Security Number	Percentage
Address		City	State	Zip

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

We will be unable to open an Account for You without a taxpayer identification number.

Signatures

You hereby authorize American Broadcast Employees Federal Credit Union to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for American Broadcast Employees Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

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

Primary Owner's Signature

Date

Owner #3 Signature

Date

Owner #2 Signature

Date

Credit Union Use Only

Date of Membership _____ Opened by _____ Membership Eligibility _____ Member Verification _____

CIPS _____ OFAC _____ Checks Ordered _____ Cards Ordered _____

Overdraft Protection Opt-in Completion Date _____