RANCHO FEDER	AL CREDIT U	NION		APPLI	CATIO	ON REVISION
	Complete Sections & Comple	A, B, C and F	,	t Owner Debit	Card	Branch used most often Downey Buena Park Montebello Claremont
Name Change (Complete Sections	A, B and D)	Reorder Del	oit Card with n	ew name	•
Update Information (0	Complete Sections	A, B and F)				
Change Beneficiary (Complete Sections	A, B and F)				
Account Ownership:	Individual	Joint Acco	ount Trust	□ итм	ia [Business
A. PRIMARY OWN	IER - please p					
Employer Name		O	ccupation	Em (ployer Pl)	none
Employer Address		C	ity	Sta	te	Zip
Last Name	First		Middle	Account Num	ber	
Mailing Address		Apt# C	ity	Sta	te	Zip
Home Address (If different	than mailing addres	s) Do Not	Use Work Address	or P.O. Box		
Home Phone	Date of	f Birth	Driver's License N	umber	Mother	s Maiden Name
()		/ /				
Cell Phone	Social	Security Num	ber		Other (CU Acct. No.s
()						
B. SIGNATURES - My signature below and use of Note: The Internal Reven	the account will confirm	n my agreemer	t to be bound by and			
By signing below I/we are act I understand I will be given a bylaws as well as all applicab and Agreement (receipt of all I authorize you to gather what time. I understand that this w to give information concerning you the right to apply the barobligation. Once I am in deferetain this Revision Card and	access to the Quick Tale terms and condition of which is hereby a latever credit, checkin ill assist, for example g your experience with lance of shares and bult, you may exercis	ee to the follow fel Audio Respons set forth in cknowledged g account and the me to other dividends in re e this right wi	conse System and the Truth in Savings and which is incorported the management informing my initial and one s. If I am in default on account(s) (exception of the months of	Disclosure, an orated by this renation you congoing eligibility n a financial of the IRA's) at the	d Electro eference sider app for an ad pliation to e time of	nic Service Disclosure). propriated from time to ccount. I authorize you you, federal law gives the default to satisfy that
X			X			
Primary Member		Date	First Joint Owne	er (new)		Date
Print			Print			
X			X			
Second Joint Owner		Date	Third Joint Ow	ner		Date
Print FORM 203FP REV 10/11			Print			133-902811

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 Securi	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 Maid	den Name				
Home# ()	Employer Na	 то	Occupation			
Work# ()_		me	Oooupalion			
Cell# ()	Employer Add	dress				
E-mail						
	City, State, Z	üp				
D. NAME CHANGE						
☐ Copy of New California ID with New Name ☐ Copy of Marriage Certificate or Divorce Decree						
NEW NAME	OLD NAMI	E				
Print Name	Print Name					
E. REMOVE JOINT OWNER ON AC	COUNT					
Name of Person to be Removed		ifornia ID/Drivers License of ath certificate of deceased or				
	X					
Print Name		Signature of Removed Owner				
F. DESIGNATION OF BENEFICIARY						
Complete this area to establish a beneficiary on this acc beneficiary, but please be aware a joint account will com will only receive unencumbered funds in your account if of a valid death certificate of all the owners and valid ider or estate planning advice, you should consult an attorne PRIMARY BENEFICIARY	pletely belong to the surv all account owners are de ntification of the beneficia	iving account owner(s). A deseceased. This form is used up	signated beneficiary on the presentation			
Name	Relationship	DOB	SSN			
Address			Phone			
CONTINGENT BENEFICIARY						
Name I	Relationship	DOB	SSN			
Address			Phone			
CU Representative	E-Funds & OFAC					
Name Date						
Applicant Approved						