



## 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 _____ Date _____	<input type="checkbox"/> New Acct. Warnings	<input type="checkbox"/> Check Order/Temp. Cks.	
	<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	