



Account Change Form

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

ACCOUNT NAME			
PHYSICAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS <i>(if different than above)</i>		CITY	STATE ZIP
PHONE NUMBER	EMAIL ADDRESS		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE/EXP. DATE		EMPLOYER	

OWNER 2			BIRTH DATE
PHYSICAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS <i>(if different than above)</i>		CITY	STATE ZIP
PHONE NUMBER	EMAIL ADDRESS		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE/EXP. DATE		EMPLOYER	

OWNER 3			BIRTH DATE
PHYSICAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS <i>(if different than above)</i>		CITY	STATE ZIP
PHONE NUMBER	EMAIL ADDRESS		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE/EXP. DATE		EMPLOYER	

OWNER 4			BIRTH DATE
PHYSICAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS <i>(if different than above)</i>		CITY	STATE ZIP
PHONE NUMBER	EMAIL ADDRESS		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE/EXP. DATE		EMPLOYER	

Account Beneficiary Change Designation

Name	Date of Birth	Social Security Number	Percentage
Address			
Name	Date of Birth	Social Security Number	Percentage
Address			
Name	Date of Birth	Social Security Number	Percentage
Address			

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 You are waiting for a number to be issued to You; and (2) that unless You have indicated to the contrary, 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) that unless You have indicated to the contrary, 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 check the appropriate box below.

You are exempt from withholding You are subject to backup withholding You are a foreign person and not a U.S. resident alien (complete W-8BEN)

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

Signatures

You hereby authorize SMW 104 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). 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.

You understand and agree that if You remove Yourself as a joint owner on any deposit account(s), that You are relinquishing Your ownership interest in such funds. You further acknowledge that removing yourself as a joint owner on any deposit account(s) does not relieve You of any obligation You have with Us under any separate agreement(s) You have with Us.

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 Signature

Date

Owner 2 Signature

Date

Owner 3 Signature

Date

Owner 4 Signature

Date