ACCOUNT CHANGE FORM

Phone: 703.914.8700 or 540.986.0652
Fax: 703.245.0540
infirstfcu.org

ACCOUNT NUMBER

☐ CHANGE OF ADDRESS/PHONE ☐ ADD JOINT OWNER ☐ REMOVE JOINT OWNER ☐ NAME CHANGE

☐ REMOVE PAYABLE-ON-DEATH BENEFICIARY ☐ ADD PAYABLE-ON-DEATH BENEFICIARY ☐ OTHER _____

Joint Account: If You are establishing a Joint Account, please check only one box below and sign where applicable:

☐ Joint Account with Survivorship
(On the death of a party to the Account, the deceased party's ownership in the Account passes to the surviving party or parties to the Account.)

☐ Joint Account – No Survivorship
(On the death of a party to the Account, the deceased party's ownership in the Account passes as part of the party's estate under the party's will, trust, or by intestacy.)

IMPORTANT INFORMATION ABOUT PROCEDURE[S] 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 You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Complete As Applicable: ☐ Add; ☐ Change; ☐ Remove

☐ Ultimate Checking ☐ My Money+ Checking ☐ Unlimited Checking ☐ Teen Checking ☐ Money Market Account ☐ Holiday Club

☐ InFirst Custom Club ☐ Special Savings ☐ Share Certificate ☐ Prime Savings ☐ _____

Primary Owner Information

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix

Physical Address	Apt/Box	City	State	Zip
Mailing Address (if different)	**Apt/Box**	**City**	**State**	**Zip**

Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address

Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name

Additional Signer 1

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix

Physical Address	Apt/Box	City	State	Zip
Mailing Address (if different)	**Apt/Box**	**City**	**State**	**Zip**

Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address	Social Security Number	Birth Date

Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name

Additional Signer 2

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix

Physical Address	Apt/Box	City	State	Zip
Mailing Address (if different)	**Apt/Box**	**City**	**State**	**Zip**

Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address	Social Security Number	Birth Date

Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name

Additional Signer 3

Name: Prefix - Optional (Mr., Ms., Mrs.)	First	Last	M.I.	Suffix

Physical Address	Apt/Box	City	State	Zip
Mailing Address (if different)	**Apt/Box**	**City**	**State**	**Zip**

Home Telephone	Cellular Telephone	Business Telephone	E-Mail Address	Social Security Number	Birth Date

Driver's License Number/State/Exp. Date	Employer	Occupation	Mother's Maiden Name

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Account Beneficiary Change Designation **In the event of Your death, You hereby designate the following beneficiary(ies).**

NAME	TELEPHONE	ADDRESS	SSN	DOB	PERCENTAGE
					%
NAME	TELEPHONE	ADDRESS	SSN	DOB	PERCENTAGE
					%
NAME	TELEPHONE	ADDRESS	SSN	DOB	PERCENTAGE
					%

Power of Attorney: ☐ Add; ☐ Change; ☐ Remove

NAME	TELEPHONE	ADDRESS	SSN	DOB
NAME	TELEPHONE	ADDRESS	SSN	DOB

Signatures

You hereby authorize InFirst 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 InFirst Federal 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). If You are designating an authorized signer, You understand that unless We receive written instructions to the contrary, such individuals are authorized to deposit and withdraw funds from each Account designated herein and transact any other business related to such Accounts now or in the future, and We are further authorized to pay out funds and/or transact any other business related to such Accounts with any one of those individuals. Your signature below is Your continuing authorization for InFirst 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.

Account Holder's Signature _____ Date _____

Additional Signer 1 Signature _____ Date _____

Additional Signer 2 Signature _____ Date _____

Additional Signer 3 Signature _____ Date _____

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; 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, or You are exempt from backup withholding; (3) 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 _____

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

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8BEN (Withholding of Tax on Nonresident Aliens and Foreign Entities) which can be obtained from a Credit Union representative or the IRS.

For Credit Union Use Only:

Employee Approval – Name _____ Date _____

Date _____ Updated By _____ Member Verification _____ OFAC _____ Items Ordered _____

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