

ACCOUNT CHANGE CARD

ALL CHANGES REQUIRE MEMBER SIGNATURE BELOW



Member Name: _____

Account Number: _____ Suffix(es): _____

Name Change

Former Name: _____

New Name: _____

Address Change

Former Address: _____

New Address: _____

Joint Owner Payable on Death (POD)

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ TIN: _____

Home Phone: _____ Cell Phone: _____

Drivers License Number: _____

Email: _____

Signature: _____

Joint Owner Payable on Death (POD)

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ TIN: _____

Home Phone: _____ Cell Phone: _____

Drivers License Number: _____

Email: _____

Signature: _____

Joint Owner Payable on Death (POD)

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Signature: _____

Joint Owner Payable on Death (POD)

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ TIN: _____

Home Phone: _____ Cell Phone: _____

Drivers License Number: _____

Email: _____

Signature: _____

Beneficiary Change for Live Savings Insurance

The designation shall be effective only when delivered and filed with the credit union duly executed by and insured member and during the lifetime of the beneficiary designated. I (print name) _____ being a member of WCTFCU, do hereby designate (print name and relationship of beneficiary) _____ of (address, city, state, zip) _____

as my beneficiary, if living, to receive any and all sums of money, herein called "insurance proceeds", paid under and by virtue of the terms and conditions of the Group insurance Policy, Credit Union Life Savings Insurance (also called Life Savings Insurance) of the CUNA Mutual Insurance Society to the said credit union. This designation takes precedence over any earlier designation wherever and however made. I hereby reserve the right to change the beneficiary herein designated. Payments of insurance benefits to a designated beneficiary or, if none, to the person the credit union determines is entitled to the Insurance Proceeds under the terms of the policy shall discharge the credit union from any all liability to the extent of such payment.

Member Signature

Date

Changed By: _____ Date: _____