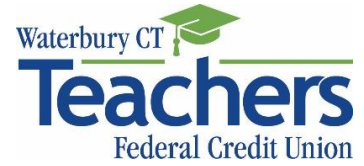


Account Change Card



***All changes require member's signature below**
Questions? Call Member Service 800.992.2226

Member Name: _____

Account Number: _____

Suffix(es): _____

Name Change

Former Name: _____

New Name: _____

Address Change

Former Address: _____

New Address: _____

Associate(s) Change

Joint Owner Payable on Death (POD)

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ TIN: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number: _____

Email: _____

Signature: _____

Joint Owner Payable on Death (POD)

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ TIN: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number: _____

Email: _____

Signature: _____

Beneficiary Change for Life Savings Insurance

The designation shall be effective only when delivered and filed with the credit union duly executed by an 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 Minnesota Life Insurance Company 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.

CU USE ONLY	
Changed By:	_____
Date:	_____
OFAC:	_____

Member Signature _____ Date _____