

1 Member Name _____

2 Account Number _____



ACCOUNT CHANGE CARD

Update Beneficiary

- 1 Please tell us your name (primary member).
- 2 Please place your member number here. If you don't know it, we can take care of this for you.

3 SSN/TIN _____
 Member Name _____
 Physical Address _____
 City/State/Zip _____
 Mailing Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 E-Mail _____
 Birthdate _____
 Driver Lic. # _____ ST _____ Exp _____
 Employer _____
 Occupation _____

3 SSN/TIN _____
 Joint Owner Name _____
 Physical Address _____
 City/State/Zip _____
 Mailing Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 E-Mail _____
 Birthdate _____
 Driver Lic. # _____ ST _____ Exp _____
 Employer _____
 Occupation _____

- 3 In this section, please just tell us your current information. This will help us serve you better and keep us in compliance with federal laws. The second side is for any current joint owners.
- 4 Here, please tell us who you would like as your beneficiary. The more information you provide the better. A social security number is not required, but will make the process easier for whoever you add.
- 5 Please have every owner sign here.

UPDATE BENEFICIARY INFORMATION

4 The following beneficiaries are to receive the proceeds of my accounts in the event of my death. If these accounts are jointly held, the beneficiaries are to receive the funds only in the event of the death of all account holders. Unless otherwise noted, each beneficiary will receive an equal percentage of funds designated below and are applicable to all current and future account types relating to this membership. Not applicable to trust accounts.

Designate Specific Account(s) _____

Beneficiary 1
 SSN _____
 Name _____
 Address _____
 City/State/Zip _____
 Birthdate _____
 Relationship _____

Beneficiary 2
 SSN _____
 Name _____
 Address _____
 City/State/Zip _____
 Birthdate _____
 Relationship _____

Beneficiary 3
 SSN _____
 Name _____
 Address _____
 City/State/Zip _____
 Birthdate _____
 Relationship _____

Beneficiary 4
 SSN _____
 Name _____
 Address _____
 City/State/Zip _____
 Birthdate _____
 Relationship _____

6 When complete, simply send or bring this back to us with copies of 2 IDs for every signer on the account. We do not need IDs for the beneficiaries. We will then be able to follow up and get this processed for you.

*For more info, please visit us at 303-740-7063 or online at ArapahoeCU.org. We are happy to help you with absolutely anything you might have questions on.

AUTHORIZATION

If multiple signatures are subscribed hereto, Arapahoe Credit Union is hereby authorized to recognize any of these signatures shown on this card in payment of funds or transaction of any business for the member account as described in the Membership and Account Agreement. By signing, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we authorize you to check account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies, to verify eligibility for the accounts and services I/we requested.

The USA Patriot Act requires us to obtain, verify and record information that identifies each person.

5 x _____
 Signature (Account Owner) _____ Date _____

5 x _____
 Signature (Joint Owner) _____ Date _____

FOR CREDIT UNION USE ONLY

Updated By: _____ Date: _____
 Membership Officer: _____ OFAC: _____

*Please attach a copy of Identification for all Account Owners.