COREPLUS CREDIT UNION | Doing Business As cpcu | SCIENT FEDERAL CREDIT UNION™

CHANGE OF ACCOUNT

SUBSEQUENT ACTIONS

This form establishes additional account(s), changes ownership of existing account(s), changes owner's personal information and/or identifies new account service(s). The nature of the change(s) is/are marked below.

TYPE OF CHANGE

Please indicate the type of change and complete only the information that affects the change.

Member/Owner Information	☐ Change			Joint Owner(s) Information	☐ Add ☐ Change ☐ Remove
Agent	☐ Add	☐ Change	☐ Remove	POD/Trust Beneficiary	☐ Add ☐ Change ☐ Remove
Other	☐ Add	☐ Change	☐ Remove	Account Type/Services	☐ Add ☐ Change ☐ Remove

MEMBER INFORMATION CHANGES

☐ Change of Legal Name of Member ☐ Change of Address and/or Phone Number

(Include Legal Documentation required to change name)

Member/Owner Name		**Member No.**	
Old Legal Name			
Street		SSN/TIN	
City/State/Zip		Type of ID	Expiration Date
Home Phone	Work Phone	ID No.	State of Issue
Date Of Birth	Cell Phone	Password	
E-mail		Employer	

ACCOUNT OWNERSHIP

The account(s) is/are a Joint Account ☐ With Survivorship ☐ Without Survivorship

JOINT OWNER INFORMATION

Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. Removal from an account terminates a Joint Owner's ownership of the account(s), including any membership share in the account(s). The termination of ownership rights does not affect the Joint Owner's liability to the Credit Union for any loan or other obligation. **Please attach a copy of ID for new joint owner(s).**

Joint Owner		SSN/TIN	
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Work Phone	Employer	
Date Of Birth	Cell Phone	E-mail	
Joint Owner		SSN/TIN	
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Work Phone	Employer	
Date Of Birth	Cell Phone	E-mail	

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ACCOUNT DESIGNATIONS

PAYABLE ON DEATH (POD) / TRUST ACCOUNT

☐ All Accounts	☐ Designate specific account(s):
Beneficiary/POD Payee	Beneficiary/POD Payee
SSN DOB	SSN DOB
Street	Street
City/State/ZIP	City/State/ZIP
☐ OTHER	
☐ See Account Authorization Card	

ACCOUNT TYPE

Listed below is/are account(s) that will be established or changed by the information on this form. All of the terms, conditions, form of ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.

☐ Share/Savings:	☐ Money Market:
☐ Share Draft/Checking:	☐ Living Trust:
☐ Term Share Certificate:	☐ Other:

* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit:	☐ VISA® Debit Card:
☐ Overdraft Protection (indicate transfer priority):	☐ Other:
☐ CU Online Internet Service:	
☐ Audio Response:	

AUTHORIZATION

By signing below, You agree that the changes on this form amend information on previously signed forms. You certify that the information on this form is complete and true and further that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If an access card or EFT service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act. You understand that we may report negative information about your share, deposit or loan accounts to credit bureaus. Missed payments, late payments and other defaults on your accounts may be reflected in your credit report.

The undersigned hold harmless and agree to indemnify the Credit Union for all costs, losses and expenses resulting from the removal of a Joint Owner from an account. If required by the Credit Union, removed Joint Owner(s) have signed below to show consent of their removal.

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

FOR CREDIT UNION USE ONLY	☐ SEE ACCOUNT CHANGE CARD	☐ SEE INSURANCE BENEFICIARY CARD
Date of Membership	Opened/App'd by	Member Verification
☐ Credit Report	ID Verified By	☐ PIN Requested
☐ Access Card	☐ Audio Response	☐ PC Access/Internet Banking