

Acclaim Federal Credit Union
JOINT OWNER CHANGE FORM

MEMBER #

LAST NAME, FIRST NAME

SSN/TIN

I HEREBY REQUEST TO **ADD** **REMOVE** THE FOLLOWING PERSON AS:
 JOINT OWNER (with Right of Survivorship) **BENEFICIARY** (Payable on Death)

NAME	DATE OF BIRTH	SSN/TIN
DRIVERS LICENSE (State issued/No./Expiration Date)	EMAIL ADDRESS	
MAILING ADDRESS	HOME TELEPHONE	CELL TELEPHONE
CITY / STATE / ZIP CODE	WORK TELEPHONE	OTHER
STREET ADDRESS (If different from above mailing address)		
SIGNATURE (Not required for Beneficiary)		DATE

CONTINUED ON REVERSE

PLEASE INCLUDE A COPY OF A PICTURE ID FOR EACH OWNER
(Not required for Beneficiary)

Joint Owner Agreement

By signing this agreement, each of you, jointly and severally, agree to the terms and conditions of the Membership and Account Agreement which accompanied the opening of the membership account. You also agree to the terms and conditions of the Credit Union's Bylaws and policies, and any amendments of these documents.

Member Authorization

I authorize Acclaim Federal Credit Union to change the joint ownership on my deposit accounts as shown on this form. I understand that all changes are subject to the terms and conditions of the Membership and Account Agreement and the Joint Owner Agreement. I understand that this authorization will supersede any and all others submitted prior to the date shown below.

Member Signature

Date

FOR CREDIT UNION USE ONLY

Maintenance Done By:					
CAMS-ii	E-Banking	Cross Transfer	Bill Payment	Overdraft Protection	OFAC