



Main Office
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 Moon Township, PA 15108
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 www.clearviewfcu.org

ACCOUNT CHANGE FORM
For Existing Members Only

OPE0036

Member Information

Member/Owner Name (Print) _____ Account Number _____
 Home Phone _____ Work Phone _____ E-mail Address _____

I/we authorize the Credit Union to make and accept the following changes to my/our account:

1. Add Joint Owner(s) - Joint Owner(s) will be added to all existing account suffixes and/or Saving Certificates unless otherwise noted*

Joint Owner #1 (Signature Required Below)	Joint Owner #2 (Signature Required Below)
Name (Print) _____	Name (Print) _____
Social Security # _____ Date of Birth _____	Social Security # _____ Date of Birth _____
Address _____	Address _____
City, State, ZIP _____	City, State, ZIP _____
Driver's License #, State _____	Driver's License #, State _____
Issue Dt _____ Exp Dt _____ Phone _____	Issue Dt _____ Exp Dt _____ Phone _____

Please reorder my Clearview checks adding Joint Owner # _____

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 Please issue a new Clearview debit card/Clearview ATM card for Joint Owner # _____ with PIN # _____
 Exclude Joint Owner(s) # _____ from suffix(es) and/or Certificate(s)# _____

2. PIN (Personal Identification Number Change(s) - Order Replacement Card(s)

Replacement Card(s): **Member** Debit/ATM PIN

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TellerPhone/TeleLoan Pin-

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 (\$5.00 fee) **Joint** Debit/ATM PIN

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Security ID-

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*Current card will be closed on receipt of application. A new card will be reissued in 7-10 days.

3. Change Designation of Beneficiary

Life Savings Insurance - Provided at no additional cost
 This policy, in the event of your death, matches the amount of insurable funds in your Clearview Savings account up to \$2,000. The amount of coverage is determined by the member's age and date of deposit.
I do hereby designate as my beneficiary:
 Name _____ Relationship _____
 Address _____
 SSN/EIN _____
to receive any insurance proceeds, paid according to the terms and conditions of the Group Life Savings Insurance Policy by CUNA Mutual Insurance Society to the Credit Union. This designation replaces any earlier designation. I reserve the right to change this beneficiary designation. Payment of Insurance Proceeds 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 and all liability to the extent of such payment.

Single Ownership - For Individual Accounts Only
 In the event of my death, I designate as beneficiary to receive any and all amounts paid into my Credit Union account(s).
1st Beneficiary:
 Name _____ Relationship _____ % of Total to receive _____
 SSN _____ Date of Birth _____
2nd Beneficiary:
 Name _____ Relationship _____ % of Total to receive _____
 SSN _____ Date of Birth _____

If member lives in a community property state and designates a beneficiary other than his/her spouse, the spouse must consent:
 Signature of Spouse X _____ Date _____

4. Personal Information Update

Address Change
 New Street Address _____
 City, State, Zip _____
Phone Number Change
 Home Phone _____
 Work Phone _____
E-mail Address Change _____

Name Change: Member Name Joint Owner
Note: Proof of name change must accompany this form (i.e. copy of SSN # card with new name, copy of Driver's License with new name, or copy of legal court document)
 Previous Name _____
 New Name _____
If Applicable:
 Re-order my checks with my new name (\$11.95 minimum. Prices may vary depending upon style)
 Issue a new Debit/ATM card in my new name with PIN#
Current card will be closed on receipt of request. A new card will be reissued in 7-10 business days.

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5. Signatures - Required

I/we agree that the changes on this form amend the previously signed Membership application and are subject to the terms and conditions of the Membership & Account Agreement, Rate & Fee Schedule, Funds Availability Policy Disclosure and to any amendment the Credit Union makes from time to time which are incorporated within.
MEMBER'S Signature X _____ **Date** _____
1st Joint Owner's Signature X _____ **2nd Joint Owner's Signature X** _____

Office Use Only

Completed By _____ Date _____ Comments _____

Chexsystems & Total ID verified: Primary Joint # _____

Acceptable Photo ID verified:

Primary: ID Type: _____ ID#: _____ State Issued: _____ Date Issued: _____ Exp Date: _____

Jt # ____: ID Type: _____ ID#: _____ State Issued: _____ Date Issued: _____ Exp Date: _____

Revised WJK 08/28/09

IMPORTANT INFORMATION ABOUT NEW ACCOUNT PROCEDURES

The USA Patriot Act requires credit unions to take extra security precautions to help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or person(s) added to an existing member's account.

What this means for you: When you open an account or when you are added to an existing account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Thank you for your understanding and help in this critical effort. The war on terrorism will be fought on many fronts, and this is one of them.