



TEAMSTERS
CREDIT UNION

Member Services: (763) 267-6300 • Fax (763) 267-6306 • www.mnteamsterscu.com

MAIL TO: 9422 Ulysses Street NE, Suite 140, Blaine, MN 55434

ACCOUNT CHANGE FORM

DATE	MEMBER NUMBER	NAME	E-MAIL ADDRESS
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SECTION A: Type of Change Desired (Change will affect all accounts.)

- NAME CHANGE
 CHANGE OF ADDRESS
 ADD/CHANGE/DELETE JOINT MEMBER
 ADD/CHANGE PAYABLE ON DEATH (POD) ACCOUNT

SECTION B: Name Change (Must include necessary documents i.e. photocopy of drivers license, marriage certificate, divorce decree, etc.)

NAME: Last	First	MI	PREVIOUS NAME: Last	First	MI	EFFECTIVE DATE
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SECTION C: Change of Address – NEW ADDRESS

STREET ADDRESS	APT/SUITE#	CITY	STATE	ZIP	HOME PHONE #
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SECTION D: Add Joint Member (Must include a photocopy of drivers license or photo ID. All members must sign below.)

NAME: Last	First	MI	Date of Birth	NAME: Last	First	MI	Date of Birth
STREET ADDRESS				STREET ADDRESS			
CITY				CITY			
STATE				STATE			
ZIP				ZIP			
SOCIAL SECURITY #		PHONE #		SOCIAL SECURITY #		PHONE #	
DRIVERS LICENSE #		E-MAIL ADDRESS		DRIVERS LICENSE #		E-MAIL ADDRESS	

SECTION E: Remove a Joint Member (Primary and/or joint member must sign below.)

- I, _____, joint member on account # _____ wish to remove myself from this account. In doing so, I release all interest in this account, except for outstanding loan obligations.
JOINT MEMBER'S NAME
- I, _____, request that _____ be removed from account # _____. I certify that I cannot obtain written authorization of the joint owner releasing their interest in this account. Therefore, I agree to indemnify the credit union for any actions resulting from the removal of said joint member.
PRIMARY MEMBER'S NAME JOINT MEMBER'S NAME

SECTION F: Payable On Death (POD) Information

I, _____ and _____, as "Account Owner(s)" do hereby apply for a share account payable on my (our) death to:

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
 Date of Birth: _____ Date of Birth: _____
 Social Security #: _____ Social Security #: _____

SECTION G: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 identified each person who opens an account. What this means to you: When you open an 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.

SECTION H: Your Signatures Are Required.

Any amendments to the ownership of this account must be accompanied by the signatures of ALL current owners of this account. Everything I/we have stated in this application is true and current to the best of my/our knowledge. I/We understand that Teamsters Credit Union will retain this application whether or not it is approved. Teamsters Credit Union is authorized to check my/our credit and to answer questions about its credit experience with me/us. I/We further agree to the terms and conditions of Teamsters Credit Union accounts that I/we hereby apply for. These terms and conditions are set forth in the accompanying documents which I/we received at the time of application.

MEMBER'S SIGNATURE	DATE	JOINT MEMBER'S SIGNATURE	DATE
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FOR OFFICE USE ONLY

OFAC Check	eFUNDS Check	ID Verified	Checks Ordered	Credit Bureau	Online Banking	Teller#
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