



ACCOUNT CHANGE FORM

PLEASE COMPLETE AND SIGN BACK OF APPLICATION

Date	Member Number	Name	Email Address
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Section A: Type of Change Desired (Change will affect all accounts except IRAs.)

Accounts

- Name Change
- Change of Address (includes phone number(s), email address etc.)
- Add/change/delete joint member (will affect all accounts)
- Add/change payable on death (P.O.D.) account
- Change/delete custodian on Minnesota uniform transfers to minor account

Section B: Name Change (All members on this account must sign below.)

NAME: Last	First	Middle	Date of Birth
PREVIOUS NAME: Last	First	Middle	Effective Date

Section C: Change of Address - NEW ADDRESS

Street Address (No PO Boxes)		Apt/Suite #
City/State/Zip	Email Address	Home Phone #

Section D: Add Joint Member (Must include a photocopy of drivers license or photo ID. All members on this account must sign below.)

NAME: Last	First	Middle	Date of Birth	Social Sec. #
Street Address (No PO Boxes)		City	State	Zip
Mailing Address if Different than above				
Drivers License #	Home Phone ()	Work Phone ()	Email Address	
NAME: Last	First	Middle	Date of Birth	Social Sec. #
Street Address (No PO Boxes)		City	State	Zip
Mailing Address if Different than above				
Drivers License #	Home Phone ()	Work Phone ()	Email Address	

Section E: Delete 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.

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.

Section F: Change/Delete Custodian on Uniform Transfer to Minor Account (Custodian must sign below)

I, _____, custodian on account # _____ wish to remove my name as
Custodian Name

custodian. In doing so, I release all interest in this account. I agree to indemnify the credit union for any actions resulting from the removal of my name.

I, _____, custodian on account # _____ wish to remove my name as
Custodian Name Joint Member's Name

custodian, release all interest in this account, and assign a new custodian.

New Custodian Name

Relationship to Child

Complete Custodian Address (If different from child)

Section G: Beneficiary/Payable on Death (P.O.D.) Information (Must include a photocopy of drivers license or photo ID.)

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

Name	Date of Birth
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Relationship	Social Security #	% of Funds
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Address	City/State/Zip
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Name	Date of Birth
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Relationship	Social Security #	% of Funds
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Address	City/State/Zip
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Name	Date of Birth
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Relationship	Social Security #	% of Funds
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Address	City/State/Zip
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Section H: 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 identifies each person who opens an account. What this means to you: When you open an account, we will ask 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 I: Your Signatures Are Required

Any amendments to the ownership of this account must be accompanied by the signatures of ALL current owners of these account. Everything I/we have started in this application is true and correct to the best of my/our knowledge. I/We understand that Heartland Credit Union will retain this application whether or not it is approved. Heartland Credit Union is authorized to check my/our credit and to answer questions about tis credit experience with me/us. I/We further agree to the terms and conditions of the Heartland Credit Union accounts that I/we 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 _____ Member's Email Address _____ Date _____

Joint Member's Signature _____ Member's Email Address _____ Date _____

Joint Member's Signature _____ Member's Email Address _____ Date _____

ANY FAX TRANSMISSION OF YOUR SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE

OFFICE USE ONLY

JOINT PRIMARY	ID Verified	OFAC Check	eFunds Check	Checks Ordered	Check Card 1 2 3 4	Joint Card 1 2 3 4	Teller #	Verified By