



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 except IRAs.)

NAME CHANGE
 CHANGE OF ADDRESS
 ADD/CHANGE/DELETE JOINT MEMBER (WILL AFFECT ALL ACCOUNTS)
 CHANGE/DELETE CUSTODIAN ON MINNESOTA UNIFORM TRANSFERS TO MINOR ACCOUNT
 ADD/CHANGE PAYABLE ON DEATH (P.O.D.) ACCOUNT

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

NAME: LAST	FIRST	MIDDLE	PREVIOUS NAME: LAST	FIRST	MIDDLE	EFFECTIVE DATE
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SECTION C: Change of Address — NEW ADDRESS

STREET ADDRESS (NO PO BOXES)	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 on this account must sign below.)

NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH	NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH
STREET ADDRESS (NO PO BOXES)				STREET ADDRESS (NO PO BOXES)			
CITY				CITY			
STATE				STATE			
ZIP				ZIP			
MAILING ADDRESS IF DIFFERENT THAN ABOVE				MAILING ADDRESS IF DIFFERENT THAN ABOVE			
SOCIAL SECURITY #		PHONE #		SOCIAL SECURITY #		PHONE #	
DRIVERS LICENSE #		E-MAIL ADDRESS		DRIVERS LICENSE #		E-MAIL 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.
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: Change/Delete Custodian on Uniform Transfer to Minor Account (Custodian must sign below.)

I, _____, custodian on account # _____ wish to remove my name as 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.
CUSTODIAN NAME

I, _____, custodian on account # _____ wish to remove my name as custodian, release all interest in this account, and assign a new custodian.
CUSTODIAN NAME

NEW CUSTODIAN NAME _____ RELATIONSHIP TO CHILD _____ COMPLETE CUSTODIAN ADDRESS (IF DIFFERENT FROM CHILD) _____

SECTION G: Payable on Death (P.O.D.) Information

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)". This (These) P.O.D.(s) is (are) subject to the terms and conditions listed on the back of this form.

NAME	SOCIAL SECURITY #	NAME	SOCIAL SECURITY #
ADDRESS	DATE OF BIRTH	ADDRESS	DATE OF BIRTH

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 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 I: 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 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 its credit experience with me/us. I/We further agree to the terms and conditions of the Heartland 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	Teller #	Employee
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