

Payable on Death (POD)/Trust Account

Form for Payable on Death (POD)/Trust Account with fields for All Accounts, Designate Specific Accounts, Beneficiary/POD Payee, Street, City/State/Zip, Agency, Print Name of Agent, Signature, Date, All Accounts, Designate Specific Accounts, See Account Authorization Card.

ACCOUNT SERVICES

Form for ACCOUNT SERVICES with fields for Payroll Deduction/Direct Deposit, Overdraft Protection, ATM Card, Debit Card, Audio Response, PC Access/Internet Banking, Other.

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.

Form for AUTHORIZATION with fields for Signature, Date, See Account Change Card, Member Verification, PIN Request, PC Access/Internet Banking.

FOR CREDIT UNION USE ONLY

Form for FOR CREDIT UNION USE ONLY with fields for See Account Change Card, Date of Membership, Opened/App'd by, Credit Report, Access Card, Audio Response.

ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts: TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.) Member/Owner Information, Joint Owner(s) Information, POD/Trust Beneficiary, Account Type/Services.

OWNERSHIP INFORMATION CHANGES

Form for OWNERSHIP INFORMATION CHANGES with fields for Member No., Member/Owner, Street, City/State/Zip, Home Phone, Work Phone, E-mail, SSM/TIN, Driver's Lic. No., Date of Birth, Password, Employer, Listed/Unlisted.

The account(s) is a Joint Account [] With Rights of Survivorship [] Without Rights of Survivorship [] Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Form for Joint Owner with fields for SSM/TIN, Driver's Lic. No., Date of Birth, Password, Employer, E-mail, Listed/Unlisted.

Form for Joint Owner with fields for SSM/TIN, Driver's Lic. No., Date of Birth, Password, Employer, E-mail, Listed/Unlisted.

LOANLINER

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