

ACCOUNT UPDATE FORM

Address • Phone • Beneficiary • Name

OWNER INFO	PRIMARY OWNER'S NAME _____	ACCOUNT NUMBER(S) _____	
	STREET ADDRESS _____	HOME PHONE _____	
	CITY, STATE, ZIP _____	WORK PHONE _____	CELL PHONE _____

ADDRESS / PHONE CHANGE	I AM REQUESTING THAT THE ADDRESS ON MY AMERICAN FIRST CREDIT UNION ACCOUNT(S) LISTED ABOVE BE CHANGED AS FOLLOWS:		
	DATE EFFECTIVE _____		
	FROM STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP _____		
	TO STREET ADDRESS _____		
	CITY _____ STATE _____ ZIP _____		
	MAILING ADDRESS _____		
	CITY _____ STATE _____ ZIP _____		
	HOME PHONE () _____ WORK PHONE () _____ EXT. _____		
	EMAIL ADDRESS _____ @ _____		
ONE ACCOUNT OWNER SIGNATURE REQUIRED BELOW			

ADD OR CHANGE DESIGNATED BENEFICIARY	UPON THE DEATH OF THE LAST SURVIVING ACCOUNT OWNER, I/WE DESIGNATE THE FOLLOWING BENEFICIARY(IES) ON MY/OUR CREDIT UNION SAVINGS ACCOUNT(S), CERTIFICATE ACCOUNT(S), AND CHECKING ACCOUNT(S):		
	1) NAME _____	RELATIONSHIP _____	
	SOCIAL SECURITY NUMBER _____	BIRTH DATE _____	% OF ACCOUNT BALANCE _____
	ADDRESS _____		
	CITY _____	STATE _____	ZIP _____ PHONE _____
	2) NAME _____	RELATIONSHIP _____	
	SOCIAL SECURITY NUMBER _____	BIRTH DATE _____	% OF ACCOUNT BALANCE _____
	ADDRESS _____		
	CITY _____	STATE _____	ZIP _____ PHONE _____
	THIS DESIGNATION SUPERSEDES ALL PRIOR DESIGNATIONS. BENEFICIARIES WILL SHARE EQUALLY IF PERCENTAGES ARE NOT PROVIDED, OR IF PERCENTAGES DESIGNATED ON THIS FORM DO NOT TOTAL 100% AND ANY AMOUNTS UNPAID UPON DEATH WILL BE DIVIDED EQUALLY.		
I HAVE COMPLETED, UNDERSTAND AND AGREE TO THIS BENEFICIARY DESIGNATION. I UNDERSTAND THAT AMERICAN FIRST CREDIT UNION IS REQUIRED TO COMPLY WITH THE REGULATIONS AND REQUIREMENTS OF THE OFFICE OF FOREIGN ASSETS CONTROL, DEPARTMENT OF THE TREASURY (OFAC). AS A RESULT, AMERICAN FIRST CREDIT UNION CANNOT CONDUCT BUSINESS WITH PERSONS IN A BLOCKED COUNTRY OR ANY PERSON DESIGNATED BY OFAC AS A SPECIALLY DESIGNATED NATIONAL OR BLOCKED PERSON.			
IF JOINT ACCOUNT, EACH ACCOUNT OWNER MUST SIGN BELOW			

NAME CHANGE	I AM REQUESTING THAT THE FOLLOWING NAME CHANGE BE MADE TO MY AMERICAN FIRST CREDIT UNION ACCOUNT(S) LISTED ABOVE:	
	SUPPORTING DOCUMENTATION IS REQUIRED. PLEASE ENCLOSE EVIDENCE OF NAME CHANGE WITH EITHER <input type="checkbox"/> A COPY OF YOUR SOCIAL SECURITY CARD, OR <input type="checkbox"/> A CLEAR AND LEGIBLE COPY OF YOUR GOVERNMENT ISSUED PICTURE IDENTIFICATION (E.G. DRIVER LICENSE), <input type="checkbox"/> COPY OF MARRIAGE CERTIFICATE, <input type="checkbox"/> OTHER. PLEASE PRINT NAME INFORMATION BELOW.	
	FROM _____	TO _____
	FIRST NAME, MIDDLE INITIAL, LAST NAME	FIRST NAME, MIDDLE INITIAL, LAST NAME
ACCOUNT OWNER'S UPDATED SIGNATURE REQUIRED BELOW		

AUTHORIZATION	I/WE AUTHORIZE AMERICAN FIRST CREDIT UNION TO ACT IN ACCORDANCE WITH MY/OUR INSTRUCTIONS SET OUT ABOVE.		
	SIGNATURE _____	DATE _____	DR LIC # _____
		MM / DD / YYYY	
	SIGNATURE _____	DATE _____	DR LIC # _____
		MM / DD / YYYY	

Send to American First Credit Union, 700 N. Harbor Blvd., La Habra, CA 90631 or FAX to 562/237-5111, or simply return to an American First Credit Union Branch near you.

FOR OFFICE USE ONLY:	OFAC Cleared POD1 <input type="checkbox"/> Yes POD2 <input type="checkbox"/> Yes
Processed by _____	on _____
ASSOCIATE NAME	MM / DD / YYYY

INSTRUCTIONS FOR COMPLETING THE ATTACHED FORM

The **OWNER INFO** and **AUTHORIZATION** sections are required with each request. You need only complete other sections relevant to your change request. Thank you for printing clearly.

OWNER INFO – This section is required. Complete this member identification section in its entirety, please. If your changes affect multiple accounts, please separate each account number with a semi-colon (;)

ADDRESS / PHONE CHANGE – This section is optional based on your request. Complete this section only if you are changing or correcting your address or phone number currently on file at American First. Please complete both the FROM and the TO sections.

ADD OR CHANGE DESIGNATED BENEFICIARY – This section is optional based on your request. Complete this section only if you want to add or change the designated beneficiary(ies) on your American First savings account(s), certificate accounts(s) and/or checking account(s). If you are designating more than two beneficiaries, please list any additional beneficiaries on the reverse side of this form, or attach a separate sheet of paper. Designated percentages must equal 100%, otherwise all amounts paid upon death will be divided equally amongst the beneficiaries named. **Please note a separate, different form is required to designate beneficiaries on Trust Accounts and Individual Retirement Account(s) (IRA); those designations are not covered under the attached agreement.**

NAME CHANGE – This section is optional based on your request. Please complete both the FROM and the TO sections if you are changing a name on your account. Supporting documentation is required, and copies should be submitted with this request. Requests submitted without proof of legal name change, can not be processed. Acceptable proof may include a copy of your marriage certificate, government issued picture ID, or social security card. Please have the account owner whose name has changed sign the authorization section so we can update the signature in our files.

AUTHORIZATION – This section is required. This document must be signed and dated by the appropriate account owners as specified in each section. There are more than two account owners on the account, please have the additional owner sign the reverse side of this form, or attach their signed authorization on a separate sheet of paper.