



Arlington Community Federal Credit Union

P.O. Box 40070
 Arlington, VA 22204-7070
 703-526-0200

ACCOUNT CHANGE CARD

A. MY CURRENT INFORMATION

NAME: LAST		FIRST	MI	ACCOUNT NO.	CODE WORD
HOME ADDRESS: STREET Cannot be a Post Office Box		CITY	STATE	ZIP	
MAILING ADDRESS: STREET (If different from above address)		CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NO. (SSN) OR ITIN		CELL PHONE NO.	ALTERNATIVE PHONE NO.	
EMAIL ADDRESS					
DRIVER'S LICENSE, GOVERNMENT ID, OR STATE ID ID NO.			STATE	ISSUE DATE (MM/DD/YYYY)	EXP. DATE (MM/DD/YYYY)

B. MY NEW INFORMATION (Only complete information that is changing)

NAME: LAST		FIRST	MI	ACCOUNT NO.	CODE WORD
HOME ADDRESS: STREET Cannot be a Post Office Box		CITY	STATE	ZIP	
MAILING ADDRESS: STREET (If different from above address)		CITY	STATE	ZIP	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NO. (SSN) OR ITIN		CELL PHONE NO.	ALTERNATIVE PHONE NO.	
EMAIL ADDRESS					
DRIVER'S LICENSE, GOVERNMENT ID, OR STATE ID ID NO.			STATE	ISSUE DATE (MM/DD/YYYY)	EXP. DATE (MM/DD/YYYY)

**Changing your name, date of birth, and/or SSN or ITIN requires additional documentation.*

***Acceptable Documents**

<p>Social Security Number Change (Please provide one)</p> <ul style="list-style-type: none"> • Social Security Card • Other Documentation With Full SSN From Social Security Administration <p>Date of Birth Change (Please provide one)</p> <ul style="list-style-type: none"> • Birth Certificate • State or Government-Issued Photo ID With Date of Birth 	<p>Full Name Change (Please provide one from each category)</p> <p>Photo ID with New Name:</p> <ul style="list-style-type: none"> • State or Government-Issued Photo ID <p>Second Document with New Name:</p> <ul style="list-style-type: none"> • Court Document • Social Security Card <p>Proof of Previous Name:</p> <ul style="list-style-type: none"> • Marriage License • Divorce Decree • Court Document 	<p>Last Name Only (Please provide one from each category)</p> <p>Proof of previous last name:</p> <ul style="list-style-type: none"> • Marriage License • Divorce Decree • Court Document <p>Proof of new last name:</p> <ul style="list-style-type: none"> • State or Government-Issued Photo ID
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C. MY NEW EMPLOYMENT INFORMATION

EMPLOYER'S NAME AND ADDRESS			OCCUPATION
TYPE OF BUSINESS	NO. OF YEARS WITH EMPLOYER	OFFICE PHONE NO.	OTHER SOURCE(S) OF INCOME

D. ADD JOINT OWNER

NAME: LAST		FIRST	MI	ACCOUNT NO.	JOINT OWNER ACCOUNT NO.
HOME ADDRESS: STREET Cannot be a Post Office Box		CITY	STATE	ZIP	NO. OF YEARS AT RESIDENCE
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NO. (SSN) OR ITIN		CELL PHONE NO.	ALTERNATIVE PHONE NO.	
EMAIL					
DRIVER'S LICENSE, GOVERNMENT ID, OR STATE ID ID NO.			STATE	ISSUE DATE (MM/DD/YYYY)	EXP. DATE (MM/DD/YYYY)

E. REMOVE JOINT OWNER

I, _____, request that I be removed from the following share account(s) _____.
I understand that I am releasing all interest in these accounts and will hold the Credit Union harmless for the actions regarding account access. This does not affect my obligation on any loan account(s). Signature is required by both primary account owner and joint account owner.

X _____
SIGNATURE OF PRIMARY ACCOUNT OWNER DATE

X _____
SIGNATURE OF JOINT ACCOUNT OWNER DATE

X _____
SIGNATURE OF JOINT ACCOUNT OWNER DATE

F. PAYABLE UPON DEATH BENEFICIARY DESIGNATION OR CHANGE (This Section does not apply to Trust Accounts)

Please change the Payable Upon Death Beneficiary of All Share Accounts Share Savings/Checking/Money Market (only)

Share Certificate _____ Share Certificate _____ Share Certificate _____

Name _____ SSN _____ Birth Date _____

Name _____ SSN _____ Birth Date _____

Name _____ SSN _____ Birth Date _____

I understand joint accounts are designated as Joint Accounts with Rights of Survivorship. I understand that this designation supersedes and replaces any previous POD designations I have previously made and the only POD beneficiaries on my account will be those listed here. The Membership Agreement contains additional information regarding POD beneficiaries.

The beneficiary designation above shall not apply to any Individual Retirement Account (IRA) that I have now or in the future, including savings, money market savings, and certificate IRA accounts.

G. ITIN AND BACKUP WITHHOLDING CERTIFICATION: Complete the following section

Under penalties of perjury, I certify that the number shown on this Application as my Social Security Number or ITIN is my correct taxpayer identification number, and that (check applicable boxes):

- I am not subject to backup withholding due to failure to report interest and dividend income
- I am subject to backup withholding
- I am a U.S. Citizen
- I am not a U.S. Citizen and agree to complete a W-8 or other applicable form

AUTHORIZED SIGNATURES

I agree that the changes on this Account Change Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

All owners agree to hold the Credit Union harmless for any action regarding account access. The removed joint account owner(s) relinquishes all ownership interests in the above account(s). I understand that by signing this form it does not release me from any obligations of monies owed as a result of items in process, such as outstanding Credit Purchases, ACH, Point of Sale transactions, or personal checks that I have initiated.

If you provide a cell phone number, Arlington Community Federal has your permission to place automated non-marketing calls and text messages to that number. Message and data rates may apply.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

Submission Instructions

- Fax:** Fax completed form and supporting documents to 703-516-8175, ATTN: "Member Services."
- Mail:** Send completed form and photocopy of supporting documents to Arlington Community Federal Credit Union, P.O. Box 40070, Arlington, VA 22204
- Online:** Sign into Online Banking > Select your name and "Messages" tab > Select "Compose" tab > Subject "General Inquiry" and attach completed form and any supporting documents according to "Acceptable Documents" (above).
- Branch:** Go to arlingtoncu.org/atm-and-branch-locator to find your closest branch office.