



ACCOUNT CHANGE CARD

P.O. Box 570
Meridian, ID 83642
208-884-0150 * 800-223-7283

Member Name (Last Name, First Name, MI)	Member Number	ID(s) Affected	Taxpayer Identification Number
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Mailing Address _____ Date of Birth _____
 Email Address _____ Home Phone _____
 Cell Phone _____ Work Phone _____
 Security Question _____ Security Answer _____

TYPE OF CHANGE REQUESTED

- Add or Change Beneficiary.** Please complete the **BENEFICIARY INFORMATION** section on page 2.
- Add or Change Security Question/Answer.**
- Add Joint Owner.** Please complete the **JOINT OWNER INFORMATION** section below.
- Change Joint Owner (share account only).**
- Change to a Revocable Living Trust.** Trust Name _____
Under Trust Dated (U/T/D) _____
- Convert Account From:** Classic High Yield CapEd Tunes Cash Back Checking Existing Secondary Savings ID _____
To: High Yield Cash Back Checking Cash Back Checking + Cash Back Savings
- Joint Owner Name Changed From** _____ **To** _____
- Member Name Changed* From** _____ **To** _____
- Primary Member-Owner Changed* From** _____ **To** _____
- Remove Revocable Living Trust.**

JOINT OWNER INFORMATION

Last Name, First Name MI _____ SSN or TIN _____
 Physical Address _____ Date of Birth _____
 Email Address _____ Home Phone _____
 Cell Phone _____ Work Phone _____
 Security Question _____ Security Answer _____

Last Name, First Name MI _____ SSN or TIN _____
 Physical Address _____ Date of Birth _____
 Email Address _____ Home Phone _____
 Cell Phone _____ Work Phone _____
 Security Question _____ Security Answer _____

Last Name, First Name MI _____ SSN or TIN _____
 Physical Address _____ Date of Birth _____
 Email Address _____ Home Phone _____
 Cell Phone _____ Work Phone _____
 Security Question _____ Security Answer _____

BENEFICIARY INFORMATION

Last Name, First Name MI _____

SSN or TIN _____

Date of Birth _____

Mailing Address _____

City, State ZIP _____

Home Phone _____

Relationship to Member _____

JOINT ACCOUNT AGREEMENT

If this document is signed by more than one person, the credit union may recognize any of the signatures on this document as authorized to make transactions on this/these account(s). Amounts in a joint account are considered the property of all signers and are owned by them jointly. We may release funds from the account to any signer. We will honor checks drawn by, or other withdrawal requests (including electronic transfers) from any signer. Joint owners are subject to the same terms, conditions, agreements, bylaws, rules and fees as the member-signer. Signatures on the most current Account Change Card or Account Card designate owners of an account.

WRITTEN CONSENT

I expressly consent to CapEd texting or calling me at the number(s) I have provided regarding accounts and services I have or that the Credit Union may offer. These calls may include autodialed, prerecorded or artificial voice calls. Messages and calls may relate to transactions, fraud alerts, services you have with us, promotions, and marketing. This consent is not required in order for me to receive accounts or services from the Credit Union and I may contact CapEd at any time to opt out of these communications.

Yes No

***TIN CERTIFICATION AND BACKUP WITHHOLDING as applicable to MEMBER CHANGES ONLY**

By signing below, under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Please check boxes below, if appropriate:

- Item 2 above does not apply. I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on your tax return.*
- I have completed the appropriate W-8 BEN form because I am not a U.S. person. (If a W-8 BEN is completed, your signature does not serve to certify this section.)*

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES

By signing below, I/we authorize the credit union to make the changes indicated above and that the changes on this Account Change Card amend the previously signed Membership Application, Account Card or Account Change Card. I/we agree to be bound by the terms, conditions, agreements, bylaws, rules, fees, and to any amendments the credit union may make from time to time, for the account(s) listed at the top of this Account Change Card. I/We certify that the information given is true, complete, and correct and I/we authorize you to verify any of the information by any means, including obtaining reports from consumer reporting agencies.

Member Signature _____ **Date** _____

Joint Owner _____ Date _____

Joint Owner _____ Date _____

Joint Owner _____ Date _____