



ACCOUNT UPDATE FORM

Address • Phone • Beneficiary • Name

Send to American First Credit Union, PO Box 2477, Brea, CA 92822-2477, FAX to 562.237.5111, or simply return to an American First Credit Union Branch near you.

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

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

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). PLEASE NOTE A DIFFERENT FORM IS REQUIRED TO ADD OR UPDATE BENEFICIARIES ON AN IRA ACCOUNT. THIS FORM DOES NOT APPLY TO TRUST ACCOUNTS.

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

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 A COPY OF YOUR SOCIAL SECURITY CARD, OR A CLEAR AND LEGIBLE COPY OF YOUR GOVERNMENT ISSUED PICTURE IDENTIFICATION (E.G. DRIVER LICENSE), COPY OF MARRIAGE CERTIFICATE, OTHER. PLEASE PRINT NAME INFORMATION BELOW.

FROM _____ **TO** _____

FIRST NAME, MIDDLE INITIAL, LAST NAME

ACCOUNT OWNER'S UPDATED SIGNATURE REQUIRED BELOW

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

FOR OFFICE USE ONLY:

Processed by _____ on _____

ASSOCIATE NAME

OFAC Cleared POD1 Yes POD2 Yes

MM / DD / YYYY



INSTRUCTIONS FOR COMPLETING THE ATTACHED FORM

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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. This form does not apply to trust accounts. **Please note a different form is required to add or update beneficiaries on an Individual Retirement Account (IRA); please contact us to request an IRA beneficiary form.**

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(s) sign the reverse side of this form, or attach their signed authorization on a separate sheet of paper.

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