



Account Changes Form

Add a Joint Accountholder

Member number(s) _____

Last name _____ First name _____ Middle _____

Date of birth ____/____/____ Social Security # ____-____-____ Driver's license/I.D.# _____

Home address _____ City _____ State _____ Zip _____

Home phone () Work phone () Cell phone ()

Email _____

By signing below, you acknowledge receipt of and agree to the terms of Ideal CU's All In One Disclosure and the fee schedule (which you received at account opening). You certify, under penalty of perjury, that all information given is true and correct. Designating a joint accountholder will create joint account ownership rights with rights of survivorship on all accounts, excluding funds in IRA accounts, certificates, initial \$1.00 share and loans (unless a co-applicant). Any monies may be deposited or withdrawn, subject to the bylaws and rules of Ideal CU, upon any one of the authorized signatures. By signing below, you also agree to allow Ideal CU to check your credit and employment history at any time to answer questions about your credit experience.

In order for your request to be fulfilled by mail, you must include a copy of a valid driver's license AND have this form notarized (see page 3 for details).

Member's signature _____ Date _____

Joint accountholder's signature _____ Date _____

Remove Joint Accountholder

Remove from member number(s) _____

Name to remove _____ Relationship to primary member _____

Member's signature _____ Date _____

Joint accountholder's signature _____ Date _____

Change of Name

Member number(s) _____ Name change for: Member Joint

Previous name _____

New name _____

New signature _____

In order for your request to be fulfilled by mail, you must have this form notarized and include legal documentation of name change marriage certificate, divorce decree etc. see page 3 for details.

Add PODs/Beneficiaries

Add to member number(s) _____

Savings

CD/s

Money Market

All accounts

Beneficiary information

Beneficiary #1

Name _____

Soc. Sec.# _____

Date of Birth _____

Address _____

City, State, Zip _____

Relationship _____

Beneficiary #2

Name _____

Soc. Sec.# _____

Date of Birth _____

Address _____

City State Zip _____

Relationship _____

Beneficiary #3

Name _____

Soc. Sec.# _____

Date of Birth _____

Address _____

City State Zip _____

Relationship _____

In order for your request to be fulfilled by mail, you must have this form notarized (see page 3 for details).

Member's signature _____ Date _____

Notary

Sign here in the presence of a Notary Public

State of _____, County of _____

On this ____ day of _____, 20____, _____ personally appeared before me, whose identity I proved on the basis of satisfactory evidence, to be the signer of the above instrument, and he/she acknowledged that he/she executed it.

S
E
A
L

Notary Public

My commission expires _____

If mailing form, please send to: Ideal Credit Union, Attention: Contact Center, 8499 Tamarack Road, Woodbury MN 55125

CREDIT UNION USE ONLY	Primary verification	Joint verification
Employee name _____ Date _____ Teller # _____	Type of ID _____ State issued _____ Exp. Date _____	Type of ID _____ State issued _____ Exp. Date _____