



Atlanta Postal Credit Union

3900 Crown Road, Atlanta, GA 30380-0001  
(404) 768-4126 • (800) 849-8431

# ACCOUNT CHANGE REQUEST

Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

|   |   |   |   |
|---|---|---|---|
| <b>Choose One</b>   | <input type="checkbox"/> Add Joint Owner<br><input type="checkbox"/> Add Executor<br><input type="checkbox"/> Add Custodian/Trustee<br><input type="checkbox"/> Add POD/Beneficiary | <input type="checkbox"/> Remove Joint Owner<br><input type="checkbox"/> Remove Executor<br><input type="checkbox"/> Remove Custodian/Trustee<br><input type="checkbox"/> Remove POD/Beneficiary               | <input type="checkbox"/> Change Address<br><br><input type="checkbox"/> Name Change (formerly):   |
| <b>Account(s) to be changed-<br/>Check all that apply</b> | <input type="checkbox"/> Primary Savings<br><input type="checkbox"/> Secondary Savings<br><input type="checkbox"/> UGMA/UTTMA   | <input type="checkbox"/> Member Benefits Checking<br><input type="checkbox"/> Order VISA® Check Card<br><input type="checkbox"/> Member Advantage Checking<br><input type="checkbox"/> Order VISA® Check Card | <input type="checkbox"/> Vacation Club<br><input type="checkbox"/> Education Club<br><input type="checkbox"/> Holiday Club<br><input type="checkbox"/> Certificate<br><input type="checkbox"/> Estate<br><input type="checkbox"/> Other _____ |

← To change your name on your APCU account(s), you will need to provide a copy of your updated Driver's License or State ID, as well as, your Social Security Card or Social Security document noting the name change request.

| PRIMARY ACCOUNT OWNER / REVOCABLE LIVING TRUST / ESTATE |                  |                      |                |
|---|------------------|----------------------|----------------|
| Last Name   | First Name       | Middle Initial       |                |
| Physical Address  | City             | State                | Zip            |
| Mailing Address   | City             | State                | Zip            |
| Social Security/Taxpayer I.D. Number                    | Date of Birth    | Mother's Maiden Name |                |
| Home Phone  | Cell Phone       | Work Phone           | E-mail Address |
| Driver's License Number                                 | State Issued     | Expiration Date      |                |
| Employer  | Occupation/Title | No. Years Employed   |                |

| CHOOSE ONE:                          | <input type="checkbox"/> ADD JOINT ACCOUNT OWNER        | <input type="checkbox"/> REMOVE JOINT ACCOUNT OWNER |
|--------------------------------------|---|---|
|                                      | <input type="checkbox"/> ADD CUSTODIAN/TRUSTEE/EXECUTOR | <input type="checkbox"/> REMOVE CUSTODIAN/TRUSTEE   |
| Last Name                            | First Name  | Middle Initial                                      |
| Physical Address                     | City  | State Zip   |
| Home Phone                           | Cell Phone  | Work Phone E-mail Address                           |
| Social Security/Taxpayer I.D. Number | Date of Birth   | Mother's Maiden Name                                |
| Driver's License Number              | State Issued  | Expiration Date                                     |
| Employer                             | Occupation/Title  | No. Years Employed                                  |
| Signature                            | Date  |   |

Please Note: Removing a joint owner, trustee, or custodian requires the signature of the individual being removed. →

| CHOOSE ONE:                          | <input type="checkbox"/> ADD JOINT ACCOUNT OWNER | <input type="checkbox"/> REMOVE JOINT ACCOUNT OWNER |
|--------------------------------------|--|---|
|                                      | <input type="checkbox"/> ADD TRUSTEE/EXECUTOR    | <input type="checkbox"/> REMOVE TRUSTEE             |
| Last Name                            | First Name                                       | Middle Initial                                      |
| Physical Address                     | City   | State Zip   |
| Home Phone                           | Cell Phone                                       | Work Phone E-mail Address                           |
| Social Security/Taxpayer I.D. Number | Date of Birth                                    | Mother's Maiden Name                                |
| Driver's License Number              | State Issued                                     | Expiration Date                                     |
| Employer                             | Occupation/Title                                 | No. Years Employed                                  |
| Signature                            | Date   |   |

Please Note: Removing a joint owner, trustee, or custodian requires the signature of the individual being removed. →

**POD/BENEFICIARY CHANGES**

|                              |               |             |       |
|------------------------------|---------------|-------------|-------|
| <b>ADD POD / BENEFICIARY</b> |               |             | Date: |
| Last Name                    | First Name    | MI          |       |
| Street Address               |               |             |       |
| City                         | State         | Zip         |       |
| SSN                          | Date of Birth | Telephone # |       |

|                              |               |             |       |
|------------------------------|---------------|-------------|-------|
| <b>ADD POD / BENEFICIARY</b> |               |             | Date: |
| Last Name                    | First Name    | MI          |       |
| Street Address               |               |             |       |
| City                         | State         | Zip         |       |
| SSN                          | Date of Birth | Telephone # |       |

|                                 |               |             |       |
|---------------------------------|---------------|-------------|-------|
| <b>REMOVE POD / BENEFICIARY</b> |               |             | Date: |
| Last Name                       | First Name    | MI          |       |
| Street Address                  |               |             |       |
| City                            | State         | Zip         |       |
| SSN                             | Date of Birth | Telephone # |       |

|                                 |               |             |       |
|---------------------------------|---------------|-------------|-------|
| <b>REMOVE POD / BENEFICIARY</b> |               |             | Date: |
| Last Name                       | First Name    | MI          |       |
| Street Address                  |               |             |       |
| City                            | State         | Zip         |       |
| SSN                             | Date of Birth | Telephone # |       |

**Taxpayer Identification Number Certification and Backup Withholding Information**

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), 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) (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

**Signatures**

By signing this application you hereby make application for membership in the Atlanta Postal Credit Union and agree to conform to its By-laws and amendments thereof and subscribe for at least one share.

By signing this application, you agree to the terms and conditions of the Membership Account Agreement, Truth-In-Savings with Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment the Credit Union makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. You agree: (a) the Credit Union can use credit reporting agencies or otherwise verify the information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If the account is opened by mail, the Credit Union will forward all account disclosures to you within 10 business days in accordance with established policy. Your signature acknowledges acceptance of this policy. **The Internal Revenue Service does not require consent to any provision of this document other than certifications required to avoid backup withholding.**

|  |      |
|--|------|
| Primary Account Owner Signature                          | Date |
| Joint/Custodian/Trustee/Executor Account Owner Signature | Date |
| Joint/Trustee/Executor Account Owner Signature           | Date |

|                              |               |                      |               |
|------------------------------|---------------|----------------------|---------------|
| For Credit Union Use Only    |               |                      |               |
| Credit Score:                | Primary _____ | Joint 1 _____        | Joint 2 _____ |
| Deluxe Detect Remarks: _____ |               |                      |               |
| OFAC Verified By: _____      |               |                      |               |
| Account Updated By: _____    |               | Teller Number: _____ | Date: _____   |