



PO Box 9867
 Washington, DC 20016
 (866) 385-9281
 help@frbcu.org

Member Account Update Form

MEMBER NUMBER	EFFECTIVE DATE
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<input type="checkbox"/> UPDATE ADDRESS/PHONE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADD SHARE TYPE/SERVICE _____
<input type="checkbox"/> ADD JOINT OWNER/BENEFICIARY	<input type="checkbox"/> REMOVE JOINT OWNER/BENEFICIARY	<input type="checkbox"/> REMOVE SHARE TYPE/SERVICE _____
<input type="checkbox"/> ADD TRUST/ESTATE/POA	<input type="checkbox"/> REMOVE TRUST/ESTATE/POA	<input type="checkbox"/> CLOSE MEMBERSHIP

PRIMARY OWNER			
PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
HOME TELEPHONE	ALTERNATE TELEPHONE	EMAIL ADDRESS	

JOINT OWNER #1 NAME	EMAIL ADDRESS	S.S. #	DOB	DRIVER'S LICENSE NO./STATE
STREET	CITY	STATE	ZIP	EMPLOYER
MOTHER'S MAIDEN NAME				
JOINT OWNER #2 NAME	EMAIL ADDRESS	S.S. #	DOB	DRIVER'S LICENSE NO./STATE
STREET	CITY	STATE	ZIP	EMPLOYER
MOTHER'S MAIDEN NAME				

Account Beneficiary Change Designation

BENEFICIARY	RELATIONSHIP	S.S. #	DOB	% OF SHARES
BENEFICIARY	RELATIONSHIP	S.S. #	DOB	% OF SHARES

Trust/Estate/POA Addition/Update **Additions/Updates may require additional documents. Please contact our Member Service Department for more information.

TRUST/ESTATE NAME	TRUSTEE(S)/EXECUTOR(S) NAME/TITLE	DRIVER'S LICENSE NO./STATE	SIGNATURE
POWER OF ATTORNEY TYPE <small>**Durable, General, Financial, etc.</small>	POA REPRESENTATIVE(S) NAME	DRIVER'S LICENSE NO./STATE	SIGNATURE

Signatures

You hereby authorize FRB Federal Credit Union to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules, and regulations of the Credit Union in effect from time-to-time. You hereby authorize Us, Our employees, and agents to investigate, verify, and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation, or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time-to-time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). If You are designating a Power Of Attorney (POA), You understand that unless We receive written instructions to the contrary, such individuals are authorized to deposit and withdraw funds from each Account designated herein and transact any other business related to such Accounts now or in the future, and We are further authorized to pay out funds and/or transact any other business related to such Accounts with any one of those individuals. Your signature below is Your continuing authorization for FRB Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

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

Primary Owner's Signature _____	Date _____	Joint Owner #2 Signature _____	Date _____
Joint Owner #1 Signature _____	Date _____	Additional Trustee/Executor/POA Signature _____	Date _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

For Credit Union Use Only:

Updated By _____	Additional Documents Obtained <small>**If Applicable</small> _____	OFAC _____	FACTA (red flags) _____
Date _____	Verified By _____	Member Verification (ID Type/Number) _____	