Army Aviation Center Federal Credit Union

P.O. Drawer 8 | Daleville, AL 36322
Ph. 1.800.448.4096 | Fax 334.598.1147 | www.aacfcu.com

JOINT OWNERSHIP REMOVAL & INSURANCE BENEFICIARY UPDATE FORM

Account #: _____

MAIN MEMBER INFORMATION _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone _____ Work Phone _____ Date of Birth _____

E-mail _____ Employer _____

JOINT OWNER: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and will hold Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth herein. This relinquishment does not affect my/our obligation on any loan accounts.

☐ Remove

JOINT OWNER _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone _____ Work Phone _____ Date of Birth _____

E-mail _____

☐ Remove

JOINT OWNER _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone _____ Work Phone _____ Date of Birth _____

E-mail _____

LIFE SAVINGS INSURANCE BENEFICIARY UPDATE

Beneficiary _____ Beneficiary _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

AUTHORIZATION

I/We agree that the updates on this form amend the previously signed Membership Application and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

Signature (1-Main) _____ Date _____ Signature (3) _____ Date _____

Signature (2) _____ Date _____ Signature (4) _____ Date _____

The Credit Union has a statutory lien in all shares and dividends held in any account(s) from which you may make withdrawals (except Individual Retirement Accounts) in the event of a failure to satisfy any outstanding financial obligation due and payable to the Credit Union, and the Credit Union may do this without further notice to a member.

FOR OFFICE USE ONLY

FEE _____ Member Code _____ Location Code _____ Completed By _____

Approved _____ _____

Date Authorized Signature

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NOTARY CERTIFICATE FOR ACCOUNT FORMS

State of _____

County of _____

On the ____ day of _____, personally appeared before me _____ who verified (his/her/their) identity in the form of _____, and whose name(s) are subscribed to this instrument, and acknowledge that (he/she/they) executed the same. Further, I verify that _____ having appeared before me signed the following documents (please initial accordingly):

Account Forms

_____ ACH-Electronic Transfers

_____ Association Membership Application

_____ Business Account

_____ Cancellation of Safe Deposit Box

_____ Change of Address Form

_____ Checking Agreement for Minors

_____ Corporate Membership Application

_____ Cross Referencing Accounts

_____ IRA Forms

_____ Joint Ownership Removal & Insurance Beneficiary Update

_____ Living Trust Application

_____ LLC Membership Application

_____ Member Application

_____ Partnership Application

_____ Payable on Death Account

_____ Proprietor Application

_____ Share Draft Account

_____ Stop Payments

_____ Trust Depository Account

_____

Notary Public

_____

Commission Expires