



124 South Ridgedale Avenue  
East Hanover, NJ 07936-3190  
973-947-1000 • FAX: 973-947-1001

# Account Change Form

MEMBER NUMBER		EMPLOYEE	EFFECTIVE DATE
<input type="checkbox"/> CHANGE TO CURRENT ADDRESS/PHONE <input type="checkbox"/> ADD JOINT OWNER/BENEFICIARY _____ <input type="checkbox"/> REMOVE JOINT OWNER/BENEFICIARY _____			
<input type="checkbox"/> NAME CHANGE <input type="checkbox"/> ADD SHARE TYPE/SERVICE _____ <input type="checkbox"/> REMOVE SHARE TYPE/SERVICE _____ <input type="checkbox"/> CLOSE MEMBERSHIP			

<b>PRIMARY OWNER</b>					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address (if different than above)				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number	Eligibility	
E-Mail Address				Employer	Occupation	
<b>JOINT OWNER 2</b>					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address (if different than above)				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		
E-Mail Address				Employer	Occupation	
<b>JOINT OWNER 3</b>					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address (if different than above)				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		
E-Mail Address				Employer	Occupation	
<b>JOINT OWNER 4</b>					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address (if different than above)				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		
E-Mail Address				Employer	Occupation	

## Account Beneficiary Change Designation

BENEFICIARY	ADDRESS	SSN	PCT	DOB
BENEFICIARY	ADDRESS	SSN	PCT	DOB
BENEFICIARY	ADDRESS	SSN	PCT	DOB
BENEFICIARY	ADDRESS	SSN	PCT	DOB

## 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/Transfers 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; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code \_\_\_\_\_

**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.**

**Foreign person.** If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8 (Withholding of Tax on Nonresident Aliens and Foreign Entities) which can be obtained from a Credit Union representative or the IRS.

## Signatures

You hereby authorize Ridgedale 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). 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner 3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner 4 Signature

\_\_\_\_\_  
Date

## Notary Signature Acknowledgement Below: Required when submitting by mail

### CERTIFICATE OF ACKNOWLEDGMENT

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

On \_\_\_\_\_, 20 \_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally appeared  
(Notary's Name)

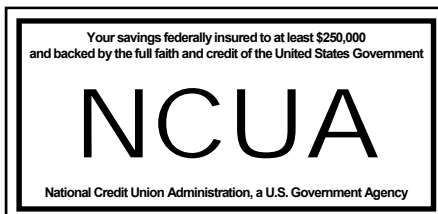
\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_,  
(Signer/Witness) (Signer/Witness) (Signer/Witness)

who has/have satisfactorily identified him/her/themselves as the signer(s) or/witness(es) to the above-referenced document.

(Affix Notary Stamp Here)  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Date)



### Credit Union Use Only

☐ ID VERIFICATION / OFAC

☐ SYSTEM UPDATED

☐ DEBIT/CREDIT CARD UPDATED

☐ CHECK ORDER UPDATED

☐ ACCOUNT UPDATED