

Account Change Form



Please complete the following:

Additional Account
 Add Joint Owner
 Add Beneficiary
 Change/Remove Beneficiary
 Update Contact Information

PLEASE PRINT

PRIMARY ACCOUNT OWNER

NAME (FIRST, MIDDLE INITIAL, LAST)		SSN #	OCCUPATION	DATE OF BIRTH	PASSWORD
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS		

By signing below, I am applying for an additional account or requesting account maintenance. I certify that all information provided in this form is true and complete to the best of my knowledge. I agree to all iTHINK Financial fees, terms and conditions and to any amendments made thereto. By signing this form, I authorize the iTHINK Financial to obtain my credit and/or debit report for the purposes of evaluating this request and to obtain subsequent reports on an ongoing basis in connection with this request, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. All present and future deposits into my accounts will secure any and all obligations that I owe iTHINK Financial, including all fees, charges and reasonable attorney fees, as well as loans and credit cards that I have with iTHINK Financial. Monies owed prior to death will continue to encumber my shares, deposits and collateral, after death, superseding the rights of any joint owners or beneficiaries. iTHINK Financial may report information about my account to credit bureaus and financial record reporting agencies, regarding negative balances, insufficient transactions, or other defaults and activities on my account that may be reflected in my credit report and financial records. This signature allows iTHINK Financial to use a facsimile signature on this and future documents. User Name and Password to access Online Banking will also be considered my authorized signature, to process certain transactions and account maintenance, including additional account openings.

A legible copy of one form of government issued photo I.D. may be required for each primary member and joint owner.

SIGNATURE (PRIMARY ACCOUNT OWNER)	DATE
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Member Number and Account Type(s):

1. _____ 2. _____ 3. _____ 4. _____

Under penalty of perjury, I certify that the number shown on this form as my Social Security Number (SSN) or Taxpayer Identification Number (TIN) is my correct TIN, and that I am not subject to backup withholding due to failure to report interest and dividend income. If I am not a U.S. Citizen, I agree to complete a W-8 or other applicable form and provide additional identification. The Internal Revenue Service (IRS) does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

JOINT OWNER(S)

JOINT OWNER #1 SIGNATURE		MEMBER #	DATE		
JOINT OWNER #1 NAME		OCCUPATION	DATE OF BIRTH	SSN #	PASSWORD
STREET/MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS	RELATIONSHIP TO PRIMARY	

JOINT OWNER #2 SIGNATURE		MEMBER #	DATE		
JOINT OWNER #2 NAME		OCCUPATION	DATE OF BIRTH	SSN #	PASSWORD
STREET/MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS	RELATIONSHIP TO PRIMARY	

BENEFICIARIES (OPTIONAL)

I would like the following Payable-on-Death (POD) Beneficiary(s), who will receive the funds in this account if I die (or, on a joint account, when all joint owners die) after all debts owed to iTHINK Financial are paid, and iTHINK Financial has received proof of my death.

BENEFICIARY #1 NAME		MEMBER #	RELATIONSHIP TO PRIMARY	SSN #	DATE OF BIRTH
STREET/MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS		

BENEFICIARY #2 NAME		MEMBER #	RELATIONSHIP TO PRIMARY	SSN #	DATE OF BIRTH
STREET/MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL ADDRESS		

If you have additional joint owners or beneficiaries, please attach a separate form with the requested information. For name changes or loan maintenance, please contact us at 800.873.5100 or serviceplus@ithinkfi.org, or visit your local branch to update your Membership/Loan Application.

FOR iTHINK FINANCIAL USE ONLY:

STAFF OP #	MEMBER #
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