

# ACCOUNT MODIFICATION FORM

## BENEFICIARY CHANGE



**F&A Federal  
Credit Union**

For Them it's Business.  
For Us it's Personal.

2625 Corporate Place, Monterey Park, CA 91754-7645  
Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831  
www.fafcu.org, 323-268-1226, Fax: 323-268-1608

In this Account Modification Application, "I," "ME," and "MY" mean each and every person who signs below. "YOU" and "YOUR" mean F&A Federal Credit Union. I have previously received and agreed to the terms and conditions of my Signature Card and to the terms and conditions of the Deposit Account Agreement and Truth-in-Savings Disclosure.

I agree that you may retain this Account Modification Application and any other information you may receive. Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

PRIMARY MEMBER(S) INFORMATION		ACCOUNT NO.:	
Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
Last Name		First Name	
Middle Name		Suffix (Sr, Jr, III, etc)	
<b>Signature</b>		<b>Date</b>	
<b>Signature</b>		<b>Date</b>	
<b>Signature</b>		<b>Date</b>	

PAY-ON-DEATH PROVISIONS/BENEFICIARIES			
Name of Payee		Phone	
Address			
Social Security Number		Relation to Owner	
Date of Birth			
Name of Payee		Phone	
Address			
Social Security Number		Relation to Owner	
Date of Birth			
Name of Payee		Phone	
Address			
Social Security Number		Relation to Owner	
Date of Birth			