

Account Update Form

Use this form to add a joint owner, for a name change, or deleting a joint owner on your account. Please make sure you reference the appropriate membership account number and corresponding account suffix(es).

Primary Member Name:	Membership Account Number:	SSN/TIN:
Existing Joint Owner (1) Name (if applicable):		SSN/TIN:
Existing Joint Owner (2) Name (if applicable):		SSN/TIN:

Please complete the appropriate section and mail your form and any supporting documents to: Summit Credit Union, 8210 W. Market Street, Greensboro, NC 27409. You may also fax the form to 336-662-6100, email to summitinfo@summitcu.org, or visit one of our branches to submit your form.

Section I – Add a Joint Owner

Please enter the Membership Account Number and all suffix(es) of the accounts that are adding a joint owner (suffix examples, 00, 90, 70):

Please submit a copy of the joint owner's driver's license or government issued picture ID and Social Security card.

Important Information: 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. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you provide, an account may not be opened. The Credit Union reserves the right to close your account if it determines at a later date that it does not know your true identity.

JOINT ACCOUNT WITH SURVIVORSHIP: On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account (**this is typical**).

JOINT ACCOUNT / NO SURVIVORSHIP: On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy (**this is not typical**).

New Joint Owner	SSN/TIN
New Joint Owner Street Address	City/State/Zip
New Joint Owner Mailing Address (if different than above)	City/State/Zip
New Joint Owner Home Phone Number	Work Phone Number
New Joint Owner E-mail Address	Cell Phone Number
New Joint Owner Driver's License Number	State Where Issued
New Joint Owner Date of Birth	Mother's Maiden Name

VISA DEBIT CARD: ____ / ____ By checking this box you hereby request a debit card, as described in the applicable agreements, for the joint account holder.

Primary Member Signature: _____ **Date:** _____

Existing Joint Owner (1): _____ **Date:** _____

Existing Joint Owner (2): _____ **Date:** _____

New Joint Owner Signature: _____ **Date:** _____

Section II – Name Change Primary Member Joint Owner

Please provide proof of this name change in the form of a driver's license, government issued picture ID or Social Security card reflecting your new name.

Previous Name (please print) _____

Previous Signature: _____ Date: _____

Under penalties of perjury, I certify that the number shown on the front of this form is my correct taxpayer identification number (I have notified the IRS of my name change).

New Name (please print) _____

New Signature: _____ Date: _____

Section III – Delete a Joint Owner

Removal of a Joint Account Owner requires a signature of the joint owner wishing to be removed. The removed joint owner gives up ownership interest including any membership share in the account(s) designated below. However, removing yourself from the account(s) does not release you from joint or co-signed loan obligations.

I, _____ request that my name be removed from account _____ Suffix(es) _____,
in the name of _____.

Signature of Joint Owner Being Removed: _____ Date: _____

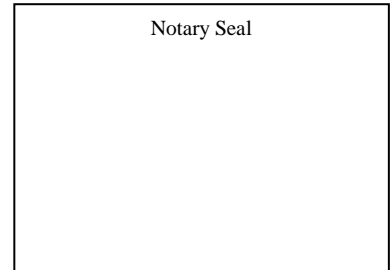
Your signature must be notarized if you are submitting this form by mail or fax.

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____, before me, a notary public

in and for said state, personally appeared _____,
to me personally known, who being duly sworn, acknowledged that he/she had executed the foregoing instrument for purposes therein mentioned and set forth.

Notary Public _____ My Commission Expires _____



Signature Card/Account Agreement

I/We agree that the changes on this card amend the previously signed Account Card and agree to the Bylaws, as amended, of Summit Credit Union (the "Credit Union"). I/We certify that the information provided on this application is true and correct. My signature on this form applies to all my accounts under my name at the Credit Union and constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such accounts. I also agree to be bound to the terms and conditions of any account that I have in this Credit Union now or in the future. I/We acknowledge receipt of the "About Your Accounts" Agreement and Disclosure and, if applicable, W-9 instruction.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number;
2. I am NOT subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. Person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all your interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

FOR OFFICE USE ONLY: Scan to Membership / Signature Cards / Account Update Form		
Employee Name _____	Signature _____	Date _____
<input type="radio"/> Joint owner added to account	<input type="radio"/> Name changed on account	<input type="radio"/> Joint owner removed from account