



# CONSUMER ACCOUNT CHANGES AND REQUESTS CHECKLIST

## HELP US PROCESS YOUR ACCOUNT CHANGES AND REQUESTS FASTER BY FOLLOWING THESE INSTRUCTIONS:

- ☐ Print and complete a Consumer Account Changes and Requests form located at
- ☐ **[becu.org/support/forms](https://becu.org/support/forms)**.
- ☐ Gather the required documents and information (see below).

Return the completed form and required documents and information to BECU in one of the following ways:

- In person at any BECU location
- Fax: **206-805-5612**
- Mail: **BECU**  
**Attn: Account Servicing M/S 1094-2**  
**PO Box 97050**  
**Seattle, WA 98124**

(Note: If returning by fax or mail, please provide photocopies of the required documents including photocopies of identification from all required signers.)

## FOR ADDING AND REMOVING JOINT ACCOUNT HOLDERS, WE WILL NEED:

- ☐ Account numbers for the joint account holder(s) being added or removed listed at the top of the form.
- ☐ A completed application for the person(s) being added as joint account holder(s). Indicate if a debit card should be issued.
- ☐ Sections 1, 2 and 5 completed on the form.

Information about adding and removing joint account holders:

- All account signer(s) are required to sign when adding additional joint account holders.
- The primary account holder may remove any joint account holder with only the primary account holder's signature.
- Joint account holders can remove themselves only, not other joint account holders.
- When making changes to a minor's account, all joint account holders are required to sign.
- Checks can be ordered in person, by phone, or using the Personal Information Changes and Requests form located at **[becu.org/support/forms](https://becu.org/support/forms)**. Checks can be reordered through Online Banking.

## FOR DESIGNATING BENEFICIARIES, WE WILL NEED:

- ☐ Account number(s) for the designated beneficiary listed at the top of the form.
- ☐ A completed application for the person being designated as beneficiary.
- ☐ Sections 1, 2, 3 and 5 completed on the form.

Information about designating beneficiaries:

- All existing signer(s) are required to sign when adding beneficiaries. List all joint account holders in Section 2. All joint account holders and the primary account holder must sign in Section 5.
- Any beneficiary designation on this form will remove and replace all existing beneficiary designations. Such changes will only be made to the account(s) listed on this form.

## FOR CHANGES TO NSF/OVERDRAFT PROTECTION LINKED ACCOUNT OPTIONS, WE WILL NEED:

- ☐ Sections 1, 4, and 5 completed on the form.
- ☐ Savings, money market and personal line of credit account numbers listed in the order of the preference for the purpose of NSF/Overdraft Protection Linked Account Options (Section 4)

Information about NSF/Overdraft Protection Linked Account Options:

Your Checking Account may be linked to any of your Accounts including but not limited to your Line of Credit, Savings Account, or Money Market Account. If on any day the Available Balance in your Checking Account is not sufficient to cover checks and other items posted to your Account (including returned items, EFTs, Online or Mobile Banking transfers, ACH transfers, ATM withdrawals, and POS or other ATM or Debit Card transactions), you authorize us either to make an advance under your linked Line of Credit or to transfer funds from your linked Account to pay any deficiency ("NSF/Overdraft Protection" or "Linked Account Options"). Transfers from the linked Account may help you avoid paying NSF fees and or Overdraft fees.

- Only the primary member may make requests to add, edit, or delete the NSF/OD Protection linked account option.
- BECU does not provide NSF/Overdraft Protection from Home Equity Line of Credit, Equity Advantage, or Visa accounts.
- A consumer account cannot link to a business account and a business account cannot link to a consumer account for purposes of NSF/Overdraft Protection Linked Account Options.

## WHAT'S NEXT?

Once we have received your request and documentation, a BECU representative may contact you to review the information provided. We may need additional information to complete your request.

If you have any questions, please contact BECU at **800-233-2328**.

# CONSUMER ACCOUNT CHANGES AND REQUESTS



If you have any questions, please contact a BECU representative at **800-233-2328**.

- ☐ Add or remove a joint account holder (Complete sections 1, 2, and 5.)
- ☐ Designate beneficiaries (Complete sections 1, 3, and 5.)
- ☐ Change automatic overdraft transfers (Complete sections 1, 4, and 5.)

## 1. Member Information

NAME (as it appears currently on your account)					BECU USE ONLY Person #:			
WHAT ACCOUNT NUMBER(S) IS YOUR REQUEST FOR?								
SOCIAL SECURITY NUMBER (SSN) / TAXPAYER ID NUMBER (TIN)								
HOME PHONE		WORK PHONE		MOBILE PHONE		DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS (required)			CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different than above)			CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY
VALID PICTURE ID NUMBER		ID TYPE		ISSUE DATE		EXPIR. DATE		STATE & COUNTRY ISSUED
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed					EMAIL ADDRESS			
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)				EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)				

## 2. Add or Remove Joint Account Holder

### Ownership Type:

- ☐ Joint Account with Right of Survivorship (JWROS). Upon the death of the Primary or Joint Account Holder, that person's interest in the joint account becomes the property of the surviving account owner.
- ☐ Joint Account without Right of Survivorship (JWOROS). Upon the death of the Primary or Joint Account Holder, that person's interest in the account becomes the property of the account beneficiary (Payable On Death designees), or the deceased owner's estate.

JOINT NAME (1)				<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Retain		SSN / TIN		BECU USE ONLY Person #:	
<input type="checkbox"/> Issue debit card									
HOME PHONE		MOBILE PHONE		DATE OF BIRTH		DESIGNATED PERCENTAGE (JWOROS only)		MOTHER'S MAIDEN NAME	
STREET ADDRESS (required)			CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY	
MAILING ADDRESS (if different than above)			CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY	
VALID PICTURE ID NUMBER		ID TYPE		DATE ISSUED		EXPIR. DATE		STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed					EMAIL ADDRESS				
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)				EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)					
JOINT NAME (2)				<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Retain		SSN / TIN		BECU USE ONLY Person #:	
<input type="checkbox"/> Issue debit card									
HOME PHONE		MOBILE PHONE		DATE OF BIRTH		DESIGNATED PERCENTAGE (JWOROS only)		MOTHER'S MAIDEN NAME	
STREET ADDRESS (required)			CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY	
MAILING ADDRESS (if different than above)			CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY	
VALID PICTURE ID NUMBER		ID TYPE		DATE ISSUED		EXPIR. DATE		STATE & COUNTRY ISSUED	
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed					EMAIL ADDRESS				
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)				EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)					

# CONSUMER ACCOUNT CHANGES AND REQUESTS

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## 3. Designate Beneficiaries (Not valid for IRAs.)

**Note:** Any beneficiary designation made on this form will remove and replace all prior made and existing beneficiary designations and such changes will only be made on the account(s) listed on this Consumer Account Changes and Requests form.

☐ I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

BENEFICIARY NAME (1)	SSN / TIN	PHONE	DATE OF BIRTH
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE
COUNTRY			
BENEFICIARY NAME (2)	SSN / TIN	PHONE	DATE OF BIRTH
STREET ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE
COUNTRY			

## 4. Change NSF/Overdraft Protection Linked Account Options

☐ Make the change designated below ☐ Stop NSF/Overdraft Protection Linked Account Options

**List the account(s) to designate the order of the automatic NSF/Overdraft Protection Linked account option transfers:**

**What type of account is this?**

☐ Savings ☐ Money Market ☐ Line of Credit

☐ Savings ☐ Money Market ☐ Line of Credit

☐ Savings ☐ Money Market ☐ Line of Credit

**Account number (1):** \_\_\_\_\_

**Account number (2):** \_\_\_\_\_

**Account number (3):** \_\_\_\_\_

## 5. Agreements and Signatures

(1) You have received, read, understood and agree to all of the terms and conditions contained in the Boeing Employees' Credit Union Account Agreements, BECU's Privacy Notice, Regulation D Explanation, and BECU's Consumer Account Disclosure, all as amended to date and all of which you will retain for your records; (2) Issuance of each ATM and/or Debit Card or other access device is specifically requested; (3) The information you have given in this application is complete, true, and submitted for the purpose of opening a deposit account with BECU now and/or later. You understand that we may rely on this information in our dealings with you now and in the future, and that it is a federal crime to willfully and deliberately provide incomplete or incorrect information to a state chartered credit union insured by the NCUA; (4) BECU may accept any order and instruction regarding the account(s) and any request for future services from the Primary or any Joint Account Holder(s) without the consent of or notice to the other Account Holder(s); (5) By requesting checks, you authorize BECU to debit the cost of the checks from your Checking Account at the time of the check order; (6) BECU may make inquiries necessary to evaluate your applications and to conduct periodic reviews of your BECU accounts, including ordering a credit report, and you instruct BECU to obtain and use such information in determining to notify you about other products and services. You agree that we may tell others about our credit experience with you, and may report information about your accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report; (7) All of the credit or other information concerning you that BECU may obtain now or in the future will be compiled, stored, and used in accordance with BECU's Privacy Notice as amended from time to time; (8) By providing your email address, you agree that BECU may send marketing material to you electronically; (9) BECU and its service providers may contact you for non-marketing purposes at any telephone number you provide. BECU may use automated telephone dialing, text messaging systems, and electronic mail to contact you. The telephone messages are played by a machine automatically when the telephone is answered and may be recorded by your answering machine. Standard data and message rates may apply and you agree that BECU will not be liable for such fees. You agree to update us promptly when your telephone number changes. At any time, you may update such information or revoke your consent to receive non-emergency calls or text messages at a telephone number assigned to a wireless device (or any service that charges on a per-call basis) by contacting us at 800-233-2328 or other reasonable means.

## Signatures

PRIMARY MEMBER SIGNATURE	DATE
JOINT ACCOUNT HOLDER SIGNATURE (1)	DATE
JOINT ACCOUNT HOLDER SIGNATURE (2)	DATE

**As primary member and/or joint account holder, I personally verified and confirmed all information displayed in sections 1 through 2 on the first page of this form and sections 3 through 5 on the second page of this form. All such information is accurate, complete, and true, and BECU may rely on such information in BECU's dealings with me.**

PRIMARY MEMBER INITIAL	JOINT ACCOUNT HOLDER INITIAL	JOINT ACCOUNT HOLDER INITIAL
BECU Use Only	NEW ACCOUNT NUMBERS:	DATE
		REP
	<input type="checkbox"/> ID Verified	<input type="checkbox"/> QualiFile®

If form is not submitted electronically, please return completed and signed form to:

BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750 or fax to 206.805.5612