

PERSONAL INFORMATION CHANGES AND REQUESTS CHECKLIST

HELP US PROCESS YOUR PERSONAL INFORMATION CHANGES AND REQUESTS FASTER BY PROVIDING A FEW THINGS TO GET STARTED:

Print and complete a Personal Information Changes and Requests form located on becu.org.

Gather the required documents and information (see below).

Return the completed form and required documents and information by one of the following:

- In person to any BECU location
- Fax to 206-805-5612
- Mail to: **BECU**

Attn: Account Servicing M/S 1094-2 PO Box 97050 Seattle, WA 98124

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

FOR MEMBER INFORMATION UPDATES, WE WILL NEED:

Sections 1 and 7 completed on Personal Information Changes and Requests form.

FOR NAME CHANGES, WE WILL NEED:

- Valid picture ID with new name
- Picture ID with former name
- Social Security card, TIN/ITIN letter, or court-ordered documents
- Sections 1, 2, and 7 completed on Personal Information Changes and Requests form

FOR ADDRESS CHANGES, PLEASE PROVIDE:

- New address/addresses. BECU must have a physical address on file. You may provide a separate mailing address in addition to the physical address.
- Sections 1, 3, and 7 completed on Personal Information Changes and Requests form

800-233-2328 becu.org

FOR CHECK ORDERS, WE WILL NEED:

Sections 1, 4, and 7 completed on Personal Information Changes and Requests form

Here's helpful information for ordering checks:

- The information requested must match the account information for the account listed.
- Check prices are set by Deluxe and can change without notice. Visit deluxe.com/checks to view designs. Contact us to confirm accurate check prices because they may vary.
- Please include payment if you're returning the form by fax or mail and a request for checks is included.
- If no design is selected, you will receive the BECU Exclusive check design. Additional fees apply.

For Money Market accounts, Exclusive Money Market design will be issued at no charge.

FOR ATM/DEBIT CARD REQUESTS, WE WILL NEED:

Account numbers for the accounts requesting ATM/Debit card(s) Name that should appear on the card Sections 1, 5, and 7 completed on Personal Information Changes and Requests form

Here's helpful information about ATM / Debit Card requests:

• Additional or spare ATM/debit cards are not permitted. Only one card per account, per member.

FOR ADDING OR REMOVING A CODE WORD, WE WILL NEED:

Copy of valid picture ID

Sections 1, 6, and 7 completed on Personal Information Changes and Requests form

WHAT'S NEXT?

Thank you for providing the requested information and documentation. Once we have received your request, a 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 a BECU representative at 800-233-2328.

PERSONAL INFORMATION CHANGES AND REQUESTS



Thank you for choosing BECU for your financial service needs. You can use this form to request a change to your existing BECU account or to request checks or a debit/ATM card. If you have any questions, please contact a BECU representative at **800-233-2328**.

Change member information (Complete sections 1 and 7.)
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Change name (Complete sections 1, 2, and 7.)

Request checks (Complete sections 1, 4, and 7.)

.) Request ATM / debit card (Complete sections 1, 5, and 7.)

Change address (Complete sections 1, 3, and 7.)	7.)
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Add,	remove,	or change	code	word	(Complete	sections	1, 6,	and 7.)

1. Member Information									
NAME (as it appears currently or	n your account)					BECU USE ONLY			
Person #									
SOCIAL SECURITY NUMBER (SSN) / TAXPAYER ID NUMB	ER (T	IN)			,			
HOME PHONE	WORK PHONE	MOB	ILE PHONE	DATE OF BIRTH	MOTHER'S	MAIDEN NAME			
VALID PICTURE ID NUMBER	ID TYPE	ISSUE DATE		EXPIR. DATE	STATE & COUNTRY ISSUED				
EMPLOYMENT				EMAIL ADDRESS					
Employed Self-Employe									
OCCUPATION / PREVIOUS OC	/ PREVIOUS EMPLO	YER (if retired	or unemployed)						
2 Change Name									

2. Change Nan	ne							
FORMER NAME			NEW NAME					
CURRENT VALID	PICTURE ID NUMBER	ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED			
BECU Use Only	Valid picture ID with new name VERID or picture ID with former name							
BECO USE Only	Social Security card	d, TIN/ITIN letter, or court ordered documents						

3. Change Address				
NEW STREET ADDRESS (required)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
NEW MAILING ADDRESS (if different than above)	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

4. Request Checks			
ACCOUNT NUMBER			
Indicate information to print on checks:			
My name Joint account holder (1)	Joint account holder (2)	Address	Home phone Mobile phone
Check design: BECU Exclusive design	Other design:		
Request ATM / Debit Card (Note: Or	ly one active card per pe	son per accou	int.)
Issue additional ATM/Debit card(s) for exist	ing account number(s):	Whose name s	hould appear on the card?
Checking:		Primary:	

□ Joint account holder:

Savings:

Add Remove Change

If adding or changing, indicate code word you want to use (code word must not be offensive or inappropriate):

7. 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

U						
PRIMARY MEMBER SIGNATURE	DATE					
JOINT ACCOUNT HOLDER SIGNA		DATE				
JOINT ACCOUNT HOLDER SIGNA	TURE (2)					DATE
As primary member and/or joint on the first page of this form, and and BECU may rely on such infor	sections 6 and 7 on th	ne second pa	age of this form.			
PRIMARY MEMBER INITIAL JOINT ACCOUNT HOLDER INITIAL JOINT ACCOUNT HOLDER INITIAL						JNT HOLDER INITIAL
BECU Use Only	NEW ACCOUNT NUME	BERS:	DATE	R	EP	
D ID Verified OFAC on new name)

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