

Add POA or Guardian or Rep. Payee - Add the following fiduciary(ies) on the following:

Note: You cannot add a POA/Rep Payee to a trust account.

All Share Accounts **or** Designate Specific Accounts:

Fiduciary 1 _____
Address _____
SSN _____
Date of Birth _____
Phone: Primary _____
Secondary _____
E-Mail _____
Employer _____

Fiduciary 2 _____
Address _____
SSN _____
Date of Birth _____
Phone: Primary _____
Secondary _____
E-Mail _____
Employer _____

Individual Fiduciary **OR** Co-Fiduciary

Individual Fiduciary **OR** Co-Fiduciary

Co-Fiduciary with whom: _____

Co-Fiduciary with whom: _____

Can act independently of one another? Yes No

Can act independently of one another? Yes No

Account Copy - Reason for Copy: _____

Other: _____

BENEFICIARIES

Change **or** Add the following beneficiary(ies) to the following accounts:

All Share Accounts **or** Designate Specific Accounts: _____

Beneficiary _____ %
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to beneficiary(ies) _____

If the Beneficiary is a minor, please indicate a Custodian: _____

Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to Custodian _____

Beneficiary _____ %
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to beneficiary(ies) _____

If the Beneficiary is a minor, please indicate a Custodian: _____

Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to Custodian _____

Beneficiary _____ %
Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to beneficiary(ies) _____

If the Beneficiary is a minor, please indicate a Custodian: _____

Address _____ Phone _____
Date of birth _____ SSN/TIN _____ Relationship to Custodian _____

SIGNATURES

I/We agree that the changes on this card amend the previously signed Membership Application and are subject to the terms and conditions of the Membership Application. I/We acknowledge receipt of an agree to the terms and conditions of the Membership Application, Truth in Savings Rate and Fee Schedule, Account Agreements including the Funds Availability Policy Disclosure, Online Banking Agreement and Disclosure, if applicable, and to any amendment True Sky Credit Union makes from time to time which are incorporated herein.

****ATTACH PHOTOCOPY OF UNEXPIRED DRIVERS LICENSE(S) IF RETURNING BY MAIL****

X _____
Signature **Date**

X _____
Signature **Date**

X _____
Signature **Date**

X _____
Signature **Date**
