



# Personal Account Card

P.O. Box 1954 | Spokane, WA 99210-1954 | Phone (509) 326-1954 | (800) 858-3750 | stcu.org



Action (select if applicable):

Add Ownership/Beneficiary

| Account information  |                                   |   |                         |      |
|--|-----------------------------------|---|-------------------------|------|
| <b>Ownership:</b>  |                                   | <input type="checkbox"/> Single owner – Individual <input type="checkbox"/> Joint (Right of Survivorship) |                         |      |
| <b>Account:</b>  |                                   | <input type="checkbox"/> Checking <input type="checkbox"/> MMA  |                         |      |
|  |                                   | <input type="checkbox"/> Savings <input type="checkbox"/> Certificate                                     |                         |      |
|  |                                   |   | * Account # (10 digits) |      |
| Authorization  |                                   |   |                         |      |
| By signing below, I/we agree this Personal Account Card is part of and amends my/our Membership Card and the terms and conditions of the Membership and Account Agreement. |                                   |   |                         |      |
| Primary owner  |                                   |   |                         |      |
| Name: First, Middle Initial, Last  |                                   | Signature   | Date                    |      |
|  |                                   |   | * Member #              |      |
| Additional account owner(s)  |                                   |   |                         |      |
| Account Owner(s)   | Name: First, Middle Initial, Last |   | Signature               |      |
|  |                                   |   | Date                    |      |
|  |                                   |   | Member #                |      |
|  | Name: First, Middle Initial, Last |   | Signature               | Date |
|  |                                   |   | Member #                |      |
|  | Name: First, Middle Initial, Last |   | Signature               | Date |
|  |                                   | Member #  |                         |      |
| Name: First, Middle Initial, Last  |                                   | Signature   | Date                    |      |
|  |                                   | Member #  |                         |      |
| Name: First, Middle Initial, Last  |                                   | Signature   | Date                    |      |
|  |                                   | Member #  |                         |      |
| Name: First, Middle Initial, Last  |                                   | Signature   | Date                    |      |
|  |                                   | Member #  |                         |      |
| Payable on Death (POD) Beneficiary information   |                                   |   |                         |      |
| Beneficiaries  | Name: First, Middle Initial, Last |   | SSN                     |      |
|  |                                   |   | DOB                     |      |
|  |                                   |   | Member #                |      |
|  | Name: First, Middle Initial, Last |   | SSN                     | DOB  |
|  |                                   |   | Member #                |      |
|  | Name: First, Middle Initial, Last |   | SSN                     | DOB  |
|  |                                   | Member #  |                         |      |
| Name: First, Middle Initial, Last  |                                   | SSN   | DOB                     |      |
|  |                                   | Member #  |                         |      |
| Name: First, Middle Initial, Last  |                                   | SSN   | DOB                     |      |
|  |                                   | Member #  |                         |      |
| Name: First, Middle Initial, Last  |                                   | SSN   | DOB                     |      |
|  |                                   | Member #  |                         |      |

| STCU use only    |               |             |                |
|------------------|---------------|-------------|----------------|
| Acct class code: |               |             |                |
| eSign            | Doc reviewed: | eSign ID #: | Doc completed: |
|                  |               |             |                |
| Branch           | Employee:     | OP #:       | Date:          |
|                  |               |             |                |

\*A Bar Code Sheet is required if the member number and account number are not typed.

insider 042922/ 7 yrs.