



Thank you for reaching out to us!

We are more than happy to guide you in completing your request.

To fulfill your request, please complete the documents in their entirety with original signatures. The documents can be returned by:

- Delivering to your local Service Center
- Mailing to:  
*Suncoast Credit Union, Attn: Account Operations*  
*P.O. Box 11904*  
*Tampa, FL 33680-1904*

**We are unable to make changes to account information presented to us by fax.**

**\* If you are opening a new account, please ensure that funding instructions for this account are included. The minimum deposit for a Savings Account is \$5 and there is not a minimum deposit required for a Checking Account.**

Please contact our Member Care Center for questions regarding requirements at (813) 621-7511 or 1-800-999-5887, extension 87500.

Thank you for being our member!



Thank you for your recent request to change your name and/or ownership on your accounts. In order to complete your request, we are enclosing the form(s) described below.

*Please note that each form must be completed in its entirety in order for us to be able to process your request.*

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### **Name Change**

- Enter the account number of the account you are requesting to change.
  - A separate form is required for each membership account
  - Requests must be accompanied by appropriate legal documentation (*Marriage License or Divorce Decree with order to restore former name*) denoting name change and a photocopy of your unexpired driver's license or state identification card reflecting present name.
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### **Adding Joint Owner(s)**

#### *Joint Application*

1. Enter the account number and suffix in the top right corner of the form.
2. A joint application must be completed for each joint owner.

#### *Signature Card*

1. Enter the account number and suffix in the top right corner (*only one account per signature card*).
  2. Check the type of account. Print name, birthdate, and social security number for **each** owner and joint owner.
  3. The primary member and all joint owners must sign.
    - A minor may not be added as a joint owner.
    - Requests submitted by mail or dropped off must be accompanied by a photocopy of an unexpired drivers' license.**
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### **Release of Joint Owner(s)**

#### *Joint Ownership Release Form*

1. Enter the member number and all applicable suffix number(s) from which the joint owner is being removed.
  2. Print the primary member's name on the line provided.
  3. The **signature** of the joint owner being released is required on the signature line and the joint owner's name should also be printed below the signature line.
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### **Adding Beneficiary**

#### *Signature Card*

1. Enter the account number and suffix in the top right corner (*only one account per signature card*).
  2. Check the type of account. Print name, birthdate and social security number for each owner and joint owner.
  3. Print beneficiary name, date of birth, social security and relationship of each beneficiary(ies) you wish to designate.
  4. The primary member and all joint owners must sign.
    - The signature of all joint owners is required.
    - Joint owners may not be listed as beneficiaries.
    - Designating a new beneficiary will supersede all previous designations.
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### **Release of Beneficiary**

#### *Release Agreement for Payable-On-Death Account Form*

1. Enter the member number and list all applicable account suffix number(s).
  2. Print the primary member's name on the line provided.
    - The primary member must **sign** the release agreement for payable upon death form to release prior beneficiaries.
    - A release agreement is required only if new beneficiaries are not designated.
    - The signature must be witnessed by someone other than the current account owner.
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**If assistance is needed, please contact us at 800-999-5887.**

## Identification Requirements

Federal law (Section 326 of the US PATRIOT ACT) requires all financial institutions to: obtain, verify, and record information that identifies each **individual**.

Upon approval and acceptance of a service or product, we will ask for your: name, address, date of birth, and other information that will allow us to identify you. Please follow the instructions below to avoid delays in our service to you.

### Instructions

**For new accounts and changes to existing accounts, additional forms will be required.**

**A photocopy of your unexpired identification must accompany requests submitted by mail or dropped off.**

**If you are a US Citizen or Permanent Resident Alien of the United States, please provide a legible photocopy of one of the following:**

- U.S. Driver's License
- State Identification Card

*\*If the address provided not match your identification, additional verification of your physical address is required.*

Please contact Suncoast Credit Union for questions regarding requirements at (813) 621-7511 or 1-800-999-5887.

**Return your request along with required documentation to:**

Suncoast Credit Union  
Attn: Account Operations  
P.O. Box 11904  
Tampa, FL 33680-1904

**If you are not a US Citizen or Permanent Resident Alien of the United States, please contact our Member Care Center at (813) 621-7511 or 1-800-999-5887 to obtain identification requirements.**



Account # \_\_\_\_\_ Suffix \_\_\_\_\_

### JOINT APPLICATION

#### JOINT OWNER INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Citizenship Status  US Citizen  Permanent Resident Alien  Resident Alien  Non-Resident Alien

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Birth Place \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Driver's License  State Identification Card  Passport  Matricula Consular

Government – Issued ID/Driver's License # \_\_\_\_\_ Issuing State/Country \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Status \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ Length of Employment \_\_\_\_\_ yrs \_\_\_\_\_ mos

Typical source of deposit (income), check all that apply:

Social Security  Retired Benefits  Investments  Rental Income  Inheritance  Trust

Employer  Self Employed  Other \_\_\_\_\_

Former Occupation \_\_\_\_\_ if Retired, Unemployed, Student or Homemaker

#### CREDIT UNION USE ONLY

New  Reopen  Add Joint Owner  Other: \_\_\_\_\_

Date \_\_\_\_\_ Service Center \_\_\_\_\_ Processor \_\_\_\_\_

**SIGNATURE CARD**

ACCOUNT TYPE			
<b>Separate Signature Card required for each account.</b>			
<input type="checkbox"/> Regular Membership Share	<input type="checkbox"/> Special Share/Savings	<input type="checkbox"/> Smart Checking	<input type="checkbox"/> Money Market
ACCOUNT OWNERSHIP			
<input type="checkbox"/> Single Party <input type="checkbox"/> Representative Payee <input type="checkbox"/> Uniform Transfer to Minor <input type="checkbox"/> Estate <input type="checkbox"/> Guardianship <input type="checkbox"/> Payable on Death <input type="checkbox"/> Joint (Multiple Parties with Survivorship Rights) <input type="checkbox"/> Trust (see Trust Request Form for specific trust account information and ownership)			
ACCOUNT OWNERS			
1. Owner Full Name _____ Birthdate _____ SSN _____			
2. Joint Owner Full Name _____ Birthdate _____ SSN _____			
3. Joint Owner Full Name _____ Birthdate _____ SSN _____			
4. Joint Owner Full Name _____ Birthdate _____ SSN _____			
5. Joint Owner Full Name _____ Birthdate _____ SSN _____			
ATM/DEBIT CARD			
<input type="checkbox"/> Suncoast Visa Debit Card		<input type="checkbox"/> Access 24 ATM Card	
BENEFICIARY(IES)			
<p>The account owner(s) designated above hereby revoke(s) any and all prior pay-on-death beneficiary designations for the account suffix listed above and hereby designate(s) the surviving Pay-On-Death Beneficiary(ies) listed below to receive all funds in such account upon the death of the last surviving owner of such account.</p> <p>Upon the death of any account owner, ownership of the account passes to the surviving account owner(s), if any. Upon the death of the last surviving account owner, ownership of the account(s) passes to the surviving Pay-On-Death Beneficiary(ies) in equal shares. If no Pay-On-Death Beneficiary(ies) survive the last surviving account owner, ownership of the account(s) passes to the estate of the last surviving account owner. See your account agreement and disclosures for other terms governing the account(s).</p>			
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
_____ Beneficiary Name	_____ Date of Birth	_____ SSN	_____ Relationship
CHECKING OVERDRAFT TRANSFER PROTECTION			
<b>Transfer Source(s):</b>			
1. _____	2. _____	3. _____	4. _____

## DISCLOSURES

As used below, "I" refers to each person signing this Signature Card; "Credit Union" refers to Suncoast Credit Union.

I warrant, acknowledge and agree as follows: (1) the Owner named above hereby applies for Credit Union membership; (2) I hereby request the account(s) and services indicated above; (3) All information set forth in this Signature Card and all information provided to the Credit Union in my Membership Application/Joint Application (as applicable) is correct and complete; (4) I agree to the Credit Union's Bylaws; (5) I agree to and acknowledge receipt of the terms and conditions of all Credit Union accounts and services requested by me as set forth in the Credit Union Account Agreement and Disclosure, all applicable account disclosures, the Fee Schedule and any amendments to such documents made by Credit Union in its sole discretion hereafter; and (6) **I authorize Credit Union to obtain and verify any and all information related to me and my employment, income and credit history, including, without limitation, consumer reports from credit reporting agencies, at any time hereafter as determined by Credit Union in its sole discretion.**

**Important Information About Procedures For Opening A New Account**

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. What this means for you: 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.

**Overdraft Transfer Protection Agreement**

If I elected "Yes" for Overdraft Transfer Protection, the following terms apply. I agree that writing a check or otherwise making any withdrawal or transaction for more than my available balance in my checking account shall constitute a request for an overdraft transfer from my regular share (savings) account, Suncoast VISA Credit Card, personal line of credit or equity line of credit in the order listed above. Transfers shall be made in increments of \$100 or the available balance. Credit Union may (or may not) make an overdraft transfer as determined by Credit Union in its sole discretion; Credit Union shall not be liable for failure to make an overdraft transfer to cover a check. Any loan advance for an overdraft transfer from a personal line, equity line, or Suncoast VISA credit card shall be subject to the terms and conditions of such line of credit/credit card.

**Access 24 ATM Card/Suncoast Visa Debit Card**

If I elected to obtain an ATM Access 24 Card, or Suncoast Visa Debit Card I agree to and acknowledge receipt of the Account Agreement and Disclosure including, but not limited to, the Electronic Funds Transfer Agreement and Disclosure. I hereby authorize the Credit Union's issuance of a Card or Cards to any or all of the persons signing this Signature Card below upon their request.

## TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

**Under penalties of perjury, I certify that: (1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and  (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulation Section 301.7701-7). (4.) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

**Certification Instructions.** Check the box for 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 interest and dividends on your tax return. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) \_\_\_\_\_

Exemption from FACTA reporting code (if any) \_\_\_\_\_

Date \_\_\_\_\_

Signature (1) \_\_\_\_\_

Date \_\_\_\_\_

Signature (2) \_\_\_\_\_

Date \_\_\_\_\_

Signature (3) \_\_\_\_\_

Date \_\_\_\_\_

Signature (4) \_\_\_\_\_

Date \_\_\_\_\_

Signature (5) \_\_\_\_\_

## CREDIT UNION USE ONLY

New  Reopen  Add Joint Owner  Other \_\_\_\_\_

Date \_\_\_\_\_ Service Center \_\_\_\_\_ Processor \_\_\_\_\_