



ADDITIONAL SERVICES REQUEST FORM

El Monte Community Credit Union
 11718 RAMONA BLVD., EL MONTE, CA 91732-2391
 (626) 444-0501 FAX (626) 444-6961

Member Name (Print) _____ Account No. _____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the membership agreement. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the membership agreement.

- SHARE DRAFT CHECKING**
 SHARE CERTIFICATE
 ADDING JOINT OWNER
 DELETING JOINT OWNER

If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s) or wish to delete a joint owner, please complete the information below:

Both the primary member and joint owner must sign at bottom when deleting a joint owner.

New Joint Owner Name	Drivers License No.	Mother's Maiden Name
Home Address	Home Phone/Cell Phone.	Work Number
Date of Birth	Social Security No.	Employer
Occupation		

ADDING A BENEFICIARY

If you as primary member would like to add a beneficiary, please complete the Information below and sign below where indicated.

BENEFICIARY(IES) in the event of my death, or if there is more than one owner of this account, in the event of death all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account(s).

Name	Relationship	Phone Number
Address		Account Number (if applicable)
Name	Relationship	Phone Number
Address		Account Number (if applicable)

SIGNATURES

X _____	X _____
Primary Member's Signature	Joint Owner's Signature
Date	Date

Member's Name (Print) _____ Member's Name (print) _____

CREDIT UNION USE ONLY