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## ADD/REMOVE JOINT OWNER ON CERTIFICATE

Member #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

USA Patriot Act 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 opening an account. Hiway Credit Union® will verify certain information as required by Federal law.

### Section A: Member Information

First Name:	MI:	Last Name:	Soc. Sec. #/TIN:
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### Section B: Add/Remove a Joint Owner

Add Joint	Remove Joint	First Name:	MI:	Last Name:
Soc. Sec. #/TIN:		DOB:	Mother's Maiden Name:	
ID Type:	Driver's License	State ID	Passport	Other ID*:
ID#:	Expiration Date:		Issuing State/Country:	
Address:				
City:			State:	Zip:

Add Joint	Remove Joint	First Name:	MI:	Last Name:
Soc. Sec. #/TIN:		DOB:	Mother's Maiden Name:	
ID Type:	Driver's License	State ID	Passport	Other ID*:
ID#:	Expiration Date:		Issuing State/Country:	
Address:				
City:			State:	Zip:

You as the member may, at any time, without consent of joint owner(s), close the account, add a joint owner or Payable on Death (POD) beneficiaries or remove the name of any or all joint owners or POD beneficiaries by written notice to Hiway. By signing below, you acknowledge receipt of the All About Your Accounts disclosure and the Certificate Account disclosure. You also agree to allow Hiway to check your credit and employment history at any time to answer questions about your credit experience. Hiway may act on the instruction of any one joint owner to redeem the Certificate without regard to the contributions of each owner.

X

Member's Signature

Date

\*Must be a form of government-issued unexpired photo identification.

X

Joint Owner's Signature

Date

(Only required when Member is CHANGING Joint Owner and the Member is a minor)

X

Joint Owner's Signature

Date

(Only required when Member is CHANGING Joint Owner and the Member is a minor)

### CU USE ONLY

CU Employee: _____	Teller #: _____	Date: _____	Notes:
Joint Verification Type of ID: _____	Joint Verification Type of ID: _____		
State Issued: _____ Exp. / Issuance Date: _____	State Issued: _____ Exp. / Issuance Date: _____		
CB QF DP OFAC	CB QF DP OFAC		