



651.291.1515
800.899.5626
hiway.org

CHANGES TO YOUR CERTIFICATE

Member #: _____ Certificate #: _____

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. By signing below, you agree to allow Hiway Credit Union® to check your credit and employment history at any time to answer questions about your credit experience. It is agreed that the member may, at any time, without consent of joint owner(s), close the account, add a joint tenant or beneficiary or remove the name of any or all joint tenants or beneficiaries by written notice to the credit union. Hiway may act on the instruction of any one joint tenant to redeem the Certificate without regard to the contributions of each owner.

Section A: Add/Remove a Joint Tenant

<input type="checkbox"/> Add Joint	<input type="checkbox"/> 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:

X

Joint Tenant's Signature

Date

(Not required when Member is REMOVING Joint Tenant)

<input type="checkbox"/> Add Joint	<input type="checkbox"/> 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:

X

Joint Tenant's Signature

Date

(Not required when Member is REMOVING Joint Tenant)

Section B: Add/Remove Beneficiary

<input type="checkbox"/> Add	<input type="checkbox"/> Remove	First Name:	MI:	Last Name:
Entity/Trust:				
Soc. Sec. #/TIN: (Optional)		DOB:	Address:	
City:			State:	Zip:

<input type="checkbox"/> Add	<input type="checkbox"/> Remove	First Name:	MI:	Last Name:
Entity/Trust:				
Soc. Sec. #/TIN: (Optional)		DOB:	Address:	
City:			State:	Zip:

Section C: Primary Member Information

First Name:	MI:	Last Name:	Soc. Sec. #/TIN:
-------------	-----	------------	------------------

X

Member's Signature

Date

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

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		