

Joint Owner Designation All information is confidential Page ___ of ___



If you would like to designate a Joint Owner or Owners on your account, please complete the information below. Once this form has been completed and signed, you may return it along with a copy of the Joint Owner identification, to any Wescom branch or mail it to: Wescom Credit Union, P.O. Box 7058, Pasadena, CA 91109-7058, ATTN: Member Services. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, in order to help the government fight the funding of terrorism and money laundering activities. 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.

About you

Your Full Name _____
Account # _____

Please designate the Joint Owners below on the following shares (the two-digit number is located next to the account name on your statement):

All Shares By checking this box, I request for this selection to apply to all new shares opened beyond the date of my signature below. I will provide a written statement of my desire to terminate this ongoing agreement (applicable only if "All Shares" is selected)

Designated Shares only: _____ Please order checks with new Joint Owner(s) names (fee may apply)

Joint Owner #1

Please order ATM or Debit Card for this Joint Owner

Joint Owner's Full Name _____
First Middle Last

Joint Owner's Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Date of Birth ____/____/____ Social Security # ____-____-____ Mother's Maiden Name _____
(Or Tax ID #)

Primary ID Description _____ Primary ID # _____ Expiration Date ____/____/____

Employer _____ Occupation _____ Email _____

Joint Owner #2

Please order ATM or Debit Card for this Joint Owner

Joint Owner's Full Name _____
First Middle Last

Joint Owner's Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Date of Birth ____/____/____ Social Security # ____-____-____ Mother's Maiden Name _____
(Or Tax ID #)

Primary ID Description _____ Primary ID # _____ Expiration Date ____/____/____

Employer _____ Occupation _____ Email _____

This account is subject to the terms and conditions set forth in the Credit Union's disclosures. The Account Owners of an account agree with each other and with the Credit Union that all funds and all accumulations thereon are subject to the withdrawal or receipt by any one of the Account Owners, and payment to any one of them shall be valid and discharge the Credit Union from any and all liability for such payment. The Account Owners of an account expressly agree that each Account Holder is jointly and severally liable for any and all overdrafts, losses or charges to an account created by any Account Holder(s).

The Account is owned by all the Account Owners on the Account Signature Card. Upon the death of an Account Owner of a Joint Account, any funds remaining in the Account at the death of a party to a Joint Account belong to the surviving Account Owners. The right of survivorship continues between the surviving parties.

Primary Member Signature _____ Date _____

Joint Member #1 Signature _____ Date _____

Joint Member #2 Signature _____ Date _____

