

# BENEFICIARY ACCOUNT MODIFICATION FORM

**For existing members only:** This form is designed to help us process changes to your existing Credit Union account(s) and to provide the additional service(s) you request. If a valid form of government identification is required to complete your request, please attach using the paperclips in the upper right corner. **Questions?** Contact us at 404-676-2586 or email [creditunion@coca-cola.com](mailto:creditunion@coca-cola.com)

ACCOUNT OWNER			
Account Owner(s)		Member Number	
SSN/TIN			
Street Address		City	State Zip
Date of Birth	Email Address		Drivers License Number
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Mother's Maiden Name (security code)			

TYPE OF CHANGE	
<input type="checkbox"/>	<b>Add/ Remove Beneficiary:</b> Add Beneficiary info listed under Account Owner/Joint Owner below and specify chosen account(s) in the Account or Services section.

PAYABLE-ON-DEATH BENEFICIARY	
<input type="checkbox"/>	Add new PODB
Only the primary account owner can add or delete a beneficiary Include a copy of appropriate identification for all new PODB (required).	
<input type="checkbox"/>	Remove
<input type="checkbox"/>	Change Information
<input type="checkbox"/>	Change Distribution % to _____

BENEFICIARY INFORMATION			
Name	Social Security Number	Date of Birth	% of Distribution
Street Address	City	State	Zip
<input type="checkbox"/> All accounts <input type="checkbox"/> Designate specific accounts			

ACCOUNTS			
<input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Money Market	<input type="checkbox"/> Add <input type="checkbox"/> Terminate
<input type="checkbox"/> Checking	<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Club	<input type="checkbox"/> Add <input type="checkbox"/> Terminate
<input type="checkbox"/> Certificate	<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Holiday	<input type="checkbox"/> Add <input type="checkbox"/> Terminate

BENEFICIARY INFORMATION			
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<small><b>Notice:</b> All beneficiaries are subject to an OFAC review before being added or prior to disbursement of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased. Once signed and dated, this form will supersede any previously dated form on file.</small>			<b>TOTAL DISTRIBUTION</b> (Total should add up to 100%)

### AUTHORIZATION

I/We agree that the changes on this modification form amend the previously signed Account Application and are subject to the terms and conditions of the Membership Account Agreement, Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I /We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If a Visa Debit Card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement in the Membership Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_