CHANGE/ADD/DELETE AUTHORIZATION ACCOUNT OWNERSHIP

Please print all information legibly.



Name		Account Number			
Account Owners	hip				
Payable on Death (P.O.D.) design loan accounts. The type of owner	ype of Account ownership for the Account number nation) will apply to your Account and any subaccourship you select also may determine how property our Account, including any subaccounts.	unts opened now or in the future und			
Single Party Account Ownership: The party to the account owns the Account. Single-Party Account with P.O.D. On the death of the Account Owner, ownership of the Account and any subaccounts passes to the surviving P.O.D. Beneficiaries in equal shares. The Account is not part of your estate. Please complete Section 3 to designate your P.O.D. Beneficiaries. Single-Party Account without P.O.D. On the death of the Account Owner, ownership of the accounts and any subaccounts passes as part of your estate under your will or by intestacy.		Multiple Party Account Ownership: The Account owners own the Account in proportion to their net contributions to the Account. Advancial may pay any sum in the Account to a party at any time. Right of Survivorship and P.O.D. Beneficiaries designations may not be valid unless all parties to the Account have signed this Authorization. Multiple Party Account with Right of Survivorship and no P.O.D. On the death of an owner, the owner's ownership of the Account and any subaccounts passes to the surviving owners. Please complete Section 2 if adding a Joint Account Owner(s). Multiple Party Account with Right of Survivorship and P.O.D. On the death of an owner, the owner's ownership of the Account and any subaccounts passes to the surviving owners. On the death of the last surviving Account owner, ownership of the Account and any subaccounts passes to the surviving P.O.D. Beneficiaries in equal shares. Please complete Section 2 if adding a Joint Account Owner(s) and Section 3 to designate your P.O.D. Beneficiaries. Multiple Party Account without Right of Survivorship On the death of an owner, the owner's ownership of the Account and any subaccounts passes as part of the owner's estate under the owner's ownership of the Account and any subaccounts passes as part of the owner's estate under the owner's ownership. Please complete Section 2 if adding a Joint Account Owner(s).			
Add Joint Accour	t Owner(s)				
A copy of a valid government-isso Tell us about the Joint Account (ued photo identification such as a driver's license, pa	ssport or ID card of each individual lis Tell us about the Joint Account 0			
Full Legal Name (First, Middle, Last) Name must match government-issued photo ID		Full Legal Name (First, Middle, Last) Name must match government-issued photo ID			
Nickname (Preferred Name)		Nickname (Preferred Name)			
SSN or ITIN	☐ I do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)	SSN or ITIN	☐ I do not have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)		
Date of Birth (MM/DD/YYYY)	Country of Citizenship	Date of Birth (MM/DD/YYYY)	Country of Citizenship		
ID Type: Driver's License Passport Other		ID Type: Driver's License Passport Other			
Photo Identification (ID) Number	ID Expiration Date (MM/DD/YYYY)	Photo Identification (ID) Number	ID Expiration Date (MM/DD/YYYY)		
Issuing State or Province	Issuing Country	Issuing State or Province	Issuing Country		
Permanent Residence Address (street, apt. or suite no., or rural route) Do not use a P.O. box		Permanent Residence Address (street, apt. or suite no., or rural route) Do not use a P.O. box			
City	State Zip Code Country	City	State Zip Code Country		
Mobile/Primary Phone Number	Alternate Phone Number	Mobile/Primary Phone Number	Alternate Phone Number		
Employer	Occupation	Employer	Occupation		
Work Phone Number		Work Phone Number			

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Payable on Death Designation

Use the section to add or remove a P.O.D. Beneficiary from the above referenced Account Number. P.O.D. payee designations may not be valid unless all parties to the Account have signed this Authorization. Beneficiaries share equally.

Legal name and date of birth are required for all beneficiaries. Additional information such as the beneficiary's SSN/ITIN, address and relationship to the Primary Member will help us identify and locate the beneficiary when applicable. Beneficiaries residing outside of the United States must also include a clear photocopy of their passport.

Exercising Legal Name (Prist, Pfddis, Last) See of ITIN	☐ Add ☐ Remove			☐ Add ☐ Remove	☐ Add ☐ Remove			
Address Beneficiary is not a U.S. resident, and a copy of hisher passport is included. Add Remove Beneficiary Legal Name (Frst, Middle, List) SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member Beneficiary Legal Name (Frst, Middle, List) SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member Beneficiary Legal Name (Frst, Middle, List) SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member Beneficiary Legal Name (Frst, Middle, List) SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member Beneficiary Legal Name (Frst, Middle, List) SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member Address Beneficiary Legal Name (Frst, Middle, List) SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYY) Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYYY Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYYY Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYYY Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYYY Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYYY Relationship to Primary Member SSN or ITIN Date of Birth (MMDD)YYYYY Relationship to the Careful List on The Primary Member and to primary Member passport is included. Signatures By signing below, Ilve agree that the changes on this Authorization ammend any previously signed Authorization and Membership and Account Account Complete the Careful Linion in the Car	Beneficiary Legal Name (First, Middle, Last)			Beneficiary Legal Name (First, Middle, Last)				
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SSN or ITIN	☐ Add ☐ Remo	ove		☐ Add ☐ Remove				
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Joint Account Owner Signature Printed Name Date	Primary Member Signat	ture	Printed Name		Date			
	Joint Account Owner Si	ignature	Printed Name		Date			

Date

Form EE105.1.A Page 2 of 2

Printed Name

Joint Account Owner Signature

