



UPS Employees Federal Credit Union

3110-A Inland Empire Blvd., Ontario, CA 91764-6572
(909) 481-2805 / (866) 987-7668
8000 S. Painter Ave., Whittier, CA 90602-2598
(562) 907-1965 / (800) 287-7332

ADDITIONAL SERVICES REQUEST

CHANGE REQUEST

TYPE OF CHANGE _____

Member Name (Print) _____ Account No. _____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Membership Invitation/Signature Card. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Invitation/Signature Card. 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 who opens an account. What this means for me: when I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Checking Account (\$50.00 minimum deposit required): Transfer from: Savings Check Enclosed \$ _____
(You must complete Section 2 below - subject to account approval)

ATM Card Check for additional card for joint owner

*SEE REVERSE FOR PIN SELECTION
(VISA DEBIT CARD ONLY)

VISA Debit Card

Other _____

SECTION 2 ADDING JOINT OWNER

If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s) please complete the information below.
Both the primary member and new joint owner must sign at bottom.

Joint Owner Name	Driver's License No.	Mothers Maiden Name
Home Address	() Home Phone	() Work Phone
Date of Birth	Social Security No.	Internet Address
Employer	Occupation	\$ Monthly Salary

SECTION 3 ADDING A BENEFICIARY

If you, as the primary member, would like to add a beneficiary, please complete the information below and sign where indicated.

BENEFICIARY(IES) in the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account(s) as indicated below.

Name	() Phone No. <input type="checkbox"/> New Phone	Percent of Account %
Address	Social Security No.	Date of Birth
Name	() Phone No. <input type="checkbox"/> New Phone	Percent of Account %
Address	Social Security No.	Date of Birth

SECTION 4 AUTHORIZATIONS & SIGNATURES

In this Additional Services/Change Request Form "I" and "My" mean each and every person who signs below. "You" and "Your" mean UPS Federal Credit Union. I understand I will be given access to TLC (your audio response system). By signing below, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Additional Services/Change Request Form shall govern the Regular Share, the Checking Account, the ATM/VISA Debit Card and the TLC Audio Response Service and other accounts designated above. I authorize you to open other account(s) for me in person or via mail.

By signing below, I also authorize you to gather credit, checking account and employment information you consider appropriate from time to time thereafter. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account and for making future credit opportunities available to me. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Additional Services/Change Request Form and any other information you may receive and that I waive my right to confidentiality of my records with the Department of Motor Vehicles and authorize you to obtain such information from the DMV.

X _____ Date _____ X _____ Date _____
Primary Members Signature New Joint Owner Signature (If Applicable)

270459-202

CREDIT UNION USE ONLY

Attach Check for Initial Deposit Here

Attach Employment Verification Here (paystub & Driver's License)

MEMBER SELECTED PIN

Member Information and Instructions

You may select your own Personal Identification Number (PIN) using any touch-tone telephone - any time of day, any day of the week - in about a minute. Please enter the requested information when prompted. *Please stay on the line until you hear the message, "Thank you for using phone PIN."*

Member Action: Call 1-800-684-8114

Phone PIN: Welcome to phone PIN. Please stay on the line until you hear the message, "Thank you for using phone PIN." Please enter your reference number now. When you are done, press star.

Member Action: Enter your 15-digit reference number and press the "star" (*) key.

4 5 2 1 6 4 (_____ - _____ - _____)
(9 digit Social Security Number)

Phone PIN: The number you entered was [repeats reference number]. If this is correct, press 1. If incorrect, press 2.

Member Action: Enter 1 if correct. Enter 2 if incorrect.

Phone PIN: Please enter the four-digit secret code you have chosen.

Member Action: Enter your four-digit secret code (PIN).

Phone PIN: The number you entered was [repeats four-digit secret code]. If this is correct, press 1. If incorrect, press 2.

Member Action: Enter 1 if correct. Enter 2 if incorrect. If your PIN selection was successful you will hear.

Phone PIN: Thank you for using phone PIN.

Member Action: You may now end the call.

You will receive your new card in the next few days. To protect you from unauthorized use, we recommend that you memorize your PIN and never carry a written copy with the card. If you have any questions regarding your card, PIN or other credit union services, please contact your credit union.