



Hawaiian Electric Employees Federal Credit Union
 770 Kapiolani Blvd., Suite 514
 Honolulu, HI 96813
 Phone: (808) 543-7581 or (808) 543-4428
 E-mail address: crunion@heco.com

Staff initials: _____ Date: _____

Website: www.hecoefcu.org
 Interoffice Mail Code: WT5- FC

Account No.:

For Credit Union Use Only: Process Date _____ Opened/Approved by _____ OFAC _____ DARS _____ OFAC: Member _____ Joint 1 _____ Joint 2 _____ B1 _____ B2 _____ B3 _____ B4 _____
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NEW ACCOUNT WORKSHEET ACCOUNT CHANGE WORKSHEET Account No: _____
Check all that apply:

- Share (Savings) Share Draft (Checking) Christmas Account Internet banking
- Change of Member's Name Change to Trust Account Add Joint Member Change Joint Member
- Remove Joint Member Add Beneficiary Change Beneficiary Remove Beneficiary
- Other: _____ Please check if you intend to conduct Wire transfers?

Account type: _____ Employee Number: _____

Member Name (Last, First, MI): _____

Signature: (Must Match ID) _____

Street Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____ Email address: _____

(if different than street address)

Home Phone: _____ Work Phone: _____ Interoffice Mail Code: _____

Social Security No: _____ Date of Birth: _____ Mother's Maiden Name: _____

JOINT OWNERSHIP

Joint 1 Name (Last, First, MI): _____

Signature: (Must Match ID) _____

Street Address: _____ City/State/Zip: _____

(If different from primary member's address)

Home Phone: _____ Work Phone: _____

Social Security No: _____ Date of Birth: _____ Mother's Maiden Name: _____

Joint 2 Name (Last, First, MI): _____ **Signature:** _____

***Note: If more than one joint, please use the back of this sheet for their information.

ACCOUNT DESIGNATIONS

The account will be divided equally among the beneficiaries.

Beneficiary 1 Name (Last, First, MI): _____ **Relationship:** _____

Street Address: _____ City/State/Zip: _____

Beneficiary 2 Name (Last, First, MI): _____ **Relationship:** _____

Street Address: _____ City/State/Zip: _____

Beneficiary 3 Name (Last, First, MI): _____ **Relationship:** _____

Street Address: _____ City/State/Zip: _____

***Note: If more than three beneficiaries please use the back of this sheet for their information.