

Personal or Trust Change Application

Union National Bank 101 E. Chicago Street, Elgin, IL 60120 847-888-7500 Fax 847-888-2662 Member FDIC

Account Name _____ Account # _____

Change Of Address

Please Change My Mailing Address On Your Records For: Select One: All Accounts Only On Accounts # _____

New Address _____
City _____ ST _____ Zip _____ Daytime Phone _____ Evening Phone _____

Customer Initials Here If Would Like To Pick Up Mail At: Select: Main Bank

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access.

Add A Name To An Account/Safe Deposit Box

Please Add This Person To My/Our Deposit Account Safe Deposit Box Number _____

As: Joint Owner With Survivorship¹ Joint Owner -No Survivorship¹ Payable-On-Death Beneficiary¹
 Authorized Signer² Power Of Attorney² Successor Trustee³ Safe Deposit Deputy²

Name _____ SSN/Tax ID _____ Signature* **X** _____

Address _____ City _____ ST _____ Zip _____

Date of Birth _____ D/L State & Number _____ Mother's Maiden Name _____

Daytime Phone _____ Evening Phone _____ Employer _____

1)All existing account/box owners must sign below. 2)Only one owner must sign below, unless account/box requires more than one signature. 3)If prior trustee is deceased, certified copy of death certificate and trust agreement pages dealing with successor trustees required. If prior trustee is living, he or she must furnish us notarized written letter resigning as trustee, or sign below.

Remove Own Name From An Account/Safe Deposit

Please Remove Me As An Owner/Signer From Deposit Account Safe Deposit Box Number _____

Must be signed below by person requesting removal AND notarized.

Revoke Authorized Signer/Internet Access/POA/Beneficiary From Account/Safe Deposit Box

Please Remove _____ As An: Authorized Signer Power Of Attorney Pay On Death Beneficiary: :

From: Deposit Account Safe Deposit Box Number: _____

New ATM/Debit Card

Please Issue Card(s) To _____ Checking/NOW/MoneyMarket Account # _____ Savings Account # _____

Cash Station ATM Card - Available Only For Checking, NOW, Savings And Money Market Accounts. Businesses May Deposit Only.

Visa Debit Card - Requires Checking, NOW Or Money Market Accounts. - Personal Accounts Only.

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access. Card # Issued _____ Date _____ By _____

RediChek Line of Credit and Overdraft Protection

We apply for a Line of Credit in the amount of: \$500 \$1000 \$2000 \$3000 Other _____ Deposit Account _____

Monthly Gross Income \$ _____ • Rent Own Home • All existing account owners must sign below.

Alimony, child support, separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding Amount \$ _____

Bank Use: Approved Declined Amount \$ _____ Date _____ By _____

Miscellaneous Maintenance Items -

_____ New Stop Payment Letter ___ Email ___ or Verbal from _____ Account _____ Payee _____

Check # _____ Amount \$ _____. If ACH, Date of Last Debit _____ Company ID _____

Note: No customer signature is required for new stop payment since customer will sign the Stop Payment Notice. **Yellow copy and printouts go to Oper.**

_____ Please Cancel The Following Stop Payment Order: Account _____ Check # _____ Amount \$ _____

_____ Please Change Account Type From _____ To _____ On Account # _____

_____ Please Deduct My Safe Deposit Rental Payments From My UNB Account. Box # _____ Account _____

_____ Please Cancel My RediChek/RediEquity Line of Credit, Effective Immediately. Account _____

_____ Please Deduct Payments For Loan Number _____ From My Account # _____ With UNB ___ or
With Other FI _____ (financial institution name). Attach voided copy of deposit slip or check.

_____ Transfer \$ _____ to Account # _____ in the name of _____

Other _____

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access.

SIGNATURES *My signature acknowledges receipt of the Union National Bank Owner's Manual, including all applicable disclosures. This application is subject to all agreements, rules and regulations adopted by the Bank for the services or credit line applied for. I agree to be bound by them.

X	Date	X	Date
X	Date	X	Date

IF NOTARY PUBLIC REQUIRED: Subscribed To And Sworn Before Me This _____ Day Of _____, _____

Seal

Notary Public _____

Request Processed By _____ On ___/___/____.

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