



Member Maintenance Update

Complete the following information to help assure that the credit union's records are correct and current. Return to the credit union: FAX 607-733-1376, email: general@flhc.com or in person at either office.

Reason for update: _____

Account #: _____

Name: _____

Mailing Address: _____
(Street Address, City, State, and ZIP Code)

Physical Address: _____
(If different than the mailing address)

Cell Phone #: _____ Home Phone #: _____

Email: _____

Employer: _____ Work Phone #: _____

If you are employed by AOMC or Schuyler - please list Dept & Dept #: _____

Have you elected a beneficiary for your account? If not, please do so below:
-If you are not sure we are more than happy to check!

Beneficiary Information:

Beneficiary Name: _____

Address: _____

Date of Birth: _____ Phone #: _____

Percentage: _____%

*You may elect multiple beneficiaries, please use the back of this form to list more.

Signature: _____ Date: _____

Additional Beneficiaries:

Beneficiary 2:

Name: _____

Address: _____

Date of Birth: _____ Phone #: _____

Percentage: _____%

Beneficiary 3:

Name: _____

Address: _____

Date of Birth: _____ Phone #: _____

Percentage: _____%

Beneficiary 4:

Beneficiary Name: _____

Address: _____

Date of Birth: _____ Phone #: _____

Percentage: _____%

Signature: _____ Date: _____

For Credit Union Use Only 10/19	
	Date / Initials
Received:	_____
Updated:	
-Debit:	_____
-Credit:	_____
-IRA:	_____
-Misc.:	_____