

72 Loveton Cir. Sparks Glencoe, MD 21152-9202 410-321-6060 ● 1-800-903-3328

> ___State County

Revised 6/2022

Acting in ______ My Commission Expires:

www.firstfinancial.org

JOINT OWNER VOLUNTARY ACCOUNT REMOVAL REQUEST

This form is to voluntarily request removal from an account by a joint owner. This form cannot be used to remove the primary member or to remove an individual from a loan or escrowed loan share*. Removal is not complete until confirmed in writing by First Financial of Maryland Federal Credit Union (the "Credit Union"). I acknowledge that the Credit Union is not bound by this request until it has been delivered in sufficient time to act upon it. Please note the account owner will also be notified when the joint owner has been removed. _____, voluntarily request that my name be removed as joint owner of the following Credit Union Account(s)/Shares: Account #: _____ Shares: _____ Name to be removed: Mailing Address of joint owner to be removed: Phone Number: _____ E-mail Address: _____ I request that my name be removed from the Account(s)/Shares indicated above. I acknowledge that I am irrevocably waiving all rights to the Account(s)/Shares, including the right to any funds, dividends, or any proceeds of any other kind currently on deposit. I have made the necessary arrangements to change automatic or recurring deposits, withdrawals, or other transactions on the Account(s)/Shares to an account on which I have signing authority and understand and agree that access to the Account(s)/Shares will be denied even if I do not make the necessary arrangements to change automatic or recurring deposits in sufficient time. I understand making such arrangements is fully my responsibility and the Credit Union will have no liability should I not act to make these arrangements. I also understand and agree that I am still liable for any transaction initiated prior to confirmation from the Credit Union that removal pursuant to this request has been processed. I agree to indemnify and hold harmless the Credit Union for any dispute related to this action. *I understand that if I am a co-borrower of a mortgage loan with a required escrow share, my name will remain on the escrow share in this account until the loan is paid in full or I am no longer a borrower obligated to the mortgage loan. Signature must be notarized ONLY if this form is mailed. Mail the completed form to the address above. State of County of Subscribed and sworn to me this _____ day of ______,20____, by ____ (Affiant) who is personally known by me or has presented evidence sufficient to identify Affiant as the person Affiant claims to be. **Notary Public**

Processed by: _____ Date: ____ Date: ____ Date: ____