



## LOAN TRANSFER REVISION AGREEMENT

Name: \_\_\_\_\_ Current Account Number: \_\_\_\_\_ Suffix: \_\_\_\_\_

Application Number: \_\_\_\_\_ Purpose Code: \_\_\_\_\_

Transfer to Account Number: \_\_\_\_\_ Member Name: \_\_\_\_\_

### Purpose of Revision (check and complete all that apply):

- ☐ New loan under incorrect account number at funding
  - Must be prior to the first payment being made
- ☐ Member Is Deceased
  - Must be logged in Deceased Account Tracking and/or death certificate is required
- ☐ Revocable Trust
  - Trust must be under name of primary member and using primary member's Social Security number
- ☐ Divorce
  - Copy of court order indicating who is responsible for the loan **must be attached**
    - All borrowers are still liable for the loan until it is paid in full or is refinanced
- ☐ Account Closure for the following reason (Savings and checking must have a zero [\$0] balance)
  - ☐ Removal of Joint Member
  - ☐ Account information has been stolen/compromised
    - Copy of police report or an affidavit of stolen/compromised information **must be attached**
  - ☐ Fraudulent transfer posted to account
    - Copy of police report or an affidavit of fraudulent activity **must be attached**

**NOTE:** If the loan type is Equity, a 1098 year-end statement will be sent to all borrower(s) listed as primary account holder during the calendar year.

**By signing below, all borrowers on the loan hereby request that Golden 1 Credit Union transfer the loan and understand that the transfer does not change or alter any terms or conditions of the original loan agreement. I/We will hold Golden 1 harmless from any and all consequences resulting from this request.**

**All borrowers on the loan are required to sign this revision agreement.**

\_\_\_\_\_  
Borrower's Signature Date

\_\_\_\_\_  
Co-Borrower's Signature Date

\_\_\_\_\_  
Co-Borrower's Signature Date

\_\_\_\_\_  
Co-Borrower's Signature Date

Recibí la copia en Español de este contrato: \_\_\_\_\_

### FOR STAFF USE ONLY

|                         |                |
|-------------------------|----------------|
| Branch/Department Name: | Employee Name: |
| Branch/Department Ext.: | Date Faxed:    |