



Request to Remove an Owner from a Joint Account

I, _____, acknowledge that I am currently the joint owner on acct. no. _____ with _____, which is maintained at Flagstar Bank.

By signing below, I authorize Flagstar Bank to remove my name from this account. I understand that by doing so, I will be giving up any rights that I might have to the funds in the account and that I will no longer have any right to transact banking business on this account or to be provided with any information about the account. I understand that this form must be completed and signed by all account owners before the bank is obligated to perform account maintenance. I understand that, if an Overdraft Line of Credit is associated with this account, the balance must be repaid in full and it must be closed before my name will be removed from the account.

Date: _____

Customer Signature: _____

State of _____)

County of _____)

Sworn to and subscribed before me this ____ day of _____, 20 ____.

_____, Notary Public
_____, County _____
My commission expires _____
Acting in _____ County

(attach state specific notary block if required by state)

I, _____, acknowledge that I am currently the joint owner on acct. no. _____ with _____, which is maintained at Flagstar Bank.

By signing below, I consent to the removal of the joint owner's name from this account. I understand that, although his/her name will be removed from the account, he/she knows the account number and other information, which is not readily available to non-account holders. Therefore, I agree that, in exchange for Flagstar Bank permitting me to remove the joint account holder's name from this account, rather than requiring me to close this account and opening a new account in my own name, I will hold Flagstar Bank harmless for any losses that I may suffer as a result of my decision. I understand that this form must be completed and signed by all account owners before the bank is obligated to perform account maintenance. I understand that, if an Overdraft Line of Credit is associated with this account, the balance must be repaid in full and it must be closed before the joint account holder's name will be removed from the account.

Date: _____

Customer Signature: _____

State of _____)

County of _____)

Sworn to and subscribed before me this ____ day of _____, 20 ____.

_____, Notary Public
_____, County _____
My commission expires _____
Acting in _____ County

(attach state specific notary block if required by state)

If notary is not available in the banking center, 2 bank employees can sign as witness at the time customers are both present and in the banking center to perform account maintenance.

Branch Employee Name / Signature: As Witness 1 _____

Branch Employee Name / Signature: As Witness 2 _____