

With this Name Change Request form, you will be able to change the name as it appears on your account.* Request a change for primary account holder, joint account holder, or beneficiary.

NAME CHANGE

Primary Account Holder Additional Account Holder Beneficiary

PRIMARY ACCOUNT HOLDER

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: - - Identification Number: _____
 Issued By: _____
 Issue Date (If applicable): _____ Expiration Date: _____

JOINT ACCOUNT HOLDER

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: - - Identification Number: _____
 Issued By: _____
 Issue Date (If applicable): _____ Expiration Date: _____

BENEFICIARY UPDATE

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: - - Identification Number: _____
 Issued By: _____
 Issue Date (If applicable): _____ Expiration Date: _____

ACCOUNT INFORMATION (PLEASE LIST ACCOUNT NUMBERS)

_____ # _____
 # _____ # _____
 # _____ # _____

Does This account have a credit/debit card? Yes No Card Number: _____
 Do you have a safe deposit box with Desert Community Bank? Yes No

Primary Signature: _____

Date: _____

Joint Signature: _____

Date: _____

*Attach copies of legal documents authorizing name change.

IMPORTANT INFORMATION

Once complete and signed, please mail or fax to:

Mail: Desert Community Bank | Internet Banking | Mail Stop 4-323 | 301 W. Michigan Avenue | Jackson, MI 49201 **Fax:** (248) 250-5551

