

Date: _____

Account Number: _____

Type of Request: Personal Information Update Business Information Update Name Change Account Ownership Change*Please complete the section(s) within this form based on the selections above.***Personal Information Update (check all that apply):** Address Phone Email

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Business Information Update (check all that apply): Address Phone Email

Business Name: _____

Business Address: _____

City, State, Zip Code: _____

Business Phone: _____ Mobile Phone: _____

Business Email Address: _____

Name change:*Please include copy of legal paperwork such as: Marriage Certificate, Divorce Decree, Adoption Records, Certificate of Name change etc.*

Current Name on file: _____

New Name: _____

Account Ownership Change (check all that apply): Add Owner Add Beneficiary Add Signer(business) Remove Signer (business) Remove Owner Remove Beneficiary Add Trust*Complete the required sections and necessary paperwork based on the request. Please note that additional paperwork or information may be requested depending on the change request.*

Adding Signer or Owner:

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Mother's Maiden Name: _____ Occupation: _____

Include copy of primary identification (Example: driver's license, state ID) and secondary identification (Example: current car registration, insurance card, company/student ID) with request.

Adding a Beneficiary:

Name: _____

Address: _____

City, State, Zip Code: _____

Social Security Number(optional): _____ Date of Birth: _____

Removing a Signer, Owner, or Beneficiary:

Name of Person to Remove: _____

Business Account: Signer please include updated business papers, resolution or meeting minutes for the request.

Personal Account: Owner please include Request to **Remove Joint Owner** form signed by all parties

Adding a Trust:

Trust Name: _____

Address: _____

City, State, Zip Code: _____

EIN number if applicable: _____

*Please include [Certification of Trust](#). Note the owner/signers **must remain** the same for this request.*

Requesting/Authorized Client Signature:

Signature

Print Name

State of _____)

County of _____)

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

_____, Notary Public

_____ County

My commission expires _____

Acting in _____ County

(attach state specific notary block if required by state)