



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 SIGNER (ACCOUNT HOLDER) UPDATE

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

JOINT SIGNER (ACCOUNT HOLDER) UPDATE

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