



For more information: 1.877.444.2259
Fax completed form to: 1.502.859.5174

Request to Change Owner / Signer / Beneficiary / Type

Customer Name _____ Social Security # _____

CHANGE OF OWNER / SIGNER

Add Account Owner: _____
First Name Middle Last Name Account Number

Add Authorized Signer: _____
First Name Middle Last Name Account Number

Remove Authorized Signer: _____
First Name Middle Last Name Account Number

NOTE: To remove an owner, you must close the account and open a new one.

New Owner / Signer Personal Information: **REQUIRED**

Social Security # _____ Date of Birth _____

Driver's License # _____ Issue Date _____ Exp Date _____ State _____

Physical Address _____
Street City State ZIP

Mailing Address _____
Street or PO Box City State ZIP

Home Phone _____ Work Phone _____ Mobile _____

The undersigned authorizes the financial institution to verify credit and employment history and/or run an individual credit report.

*Signature of New Owner / Signer _____

CHANGE OF BENEFICIARY

Add Beneficiary: _____
First Name Middle Last Name Account Number

Social Security Number

Remove Beneficiary: _____
First Name Middle Last Name Account Number

CHANGE ACCOUNT TYPE **NOTE: Savings Accounts cannot be changed to a different account type.**

Account Number _____ Current Type _____ New Type _____

All ACCOUNT OWNERS and NEW SIGNERS must sign this request form.

*Customer Signature(s) _____ Date _____ Date _____

*Customer Signature(s) _____

Change Entered By _____ Date _____

Change Verified By _____ Date _____