

PROCESSED BY

DATE

## **Membership Information Change Form**

DEDSONAL INFORMATION ON	I EII E WITH OLIOBUM		WHAT WOUL	D VOILI	IKE TO CHA	NGE2		
PERSONAL INFORMATION ON FILE WITH QUORUM			WHAT WOULD YOU LIKE TO CHANGE?					
FIRST NAME & MIDDLE INITIAL			MY NAME O	OR CITIZE	ENSHIP			
			_	MY JOINT OWNER'S NAME OR CITIZENSHIP				
LAST NAME			For name/citizenship changes only. To add a joint owner,					
			please complete a Joint Owner Application.					
MEMBER NUMBER			MY CONTACT INFORMATION					
			REMOVE A	JOINT O	WNER			
MY NEW PERSONAL INFORM	MY JOINT OW	VNER'S I	PERSONAL	INFORMA	TION			
FIRST NAME & MIDDLE INITIAL			FIRST NAME & MIDDLE INITIAL					
THAT WATE & PRODECTIVITIAL			TINGT NAME & PIDDLE INTIAL					
LAST NAME			LAST NAME					
EAST NAME	LASTINAME							
CITIZENSHIP	CITIZENSHIP	CITIZENSHID						
US RESIDENT ALIEN NON-RESIDENT ALIEN			US RESIDENT ALIEN NON-RESIDENT ALIEN					
SIGNATURE ON FILE WITH QUORUM (with previous name, if applicable)								
SIGNATURE ON FILE WITH QUORUM (V	SIGNATURE ON FILE WITH QUORUM (with previous name, if applicable)							
NEW SIGNATURE (for name changes only)			NEW SIGNATURE (for name changes only)					
(If applicable) PLEASE SEND NEW:			(If applicable) PLEASE SEND NEW:					
CHECKS; START AT CHECK NUMBER:			CHECKS; START AT CHECK NUMBER:					
□ATM/DEBIT CARD(S) □ CREDIT CARD(S)			□ATM/DEBIT CARD(S) □ CREDIT CARD(S)					
MY NEW CONTACT INFORMAT	TION							
HOME STREET ADDRESS		CITY				STATE & ZIF	)	
MAILING ADDRESS (SKIP IF SAME AS ABOVE) CITY					STATE & ZIF	)		
The restriction (state is state as a state a						01, 11 2 5 211		
MOBILE # (PREFERRED METHOD OF CONTACT) HOME PHONE #		EMAIL ADDRESS						
MODILE # (PREFERRED METHOD OF CONTACT) HOME PHONE #		LIMALE ADDINESS						
(If applicable)								
PLEASE SEND NEW CHECKS WITH I	MY UPDATED ADDRESS STA	RT AT CH	IECK NUMBER:					
LI LEASE SEND NEW GILEGIS WITH	THE OF BATEB ABBRESS. STA	ICI AI CI	ILER NOMBER:					
REMOVE THE FOLLOWING JO	OINT OWNER (Joint owner	rs cannot	be removed from a ch	ecking acc	ount. Please call	(800) 874-5	544 for more details.)	
FIRST NAME & MIDDLE INITIAL LAST NAME		REMOVE FROM SUFFIX(ES) JOINT OWN			IER SIGNATURE			
PRIMARY MEMBER SIGN AND D	ATE PRIMARY I	MEMBER	SIGNATURE				DATE	
HERE TO AUTHORIZE CHANGES	S ABOVE:							
SUBMIT YOUR FORM								
Proof of legal name, address, or citiz	zenship changes must be	provide	d, along with a valid	d photo II	D/passport. N	ame: copy	of a legal docu-	
ment (e.g., certificate of name chang	ge, marriage license or div	vorcee d	ecree); Citizenship:	а сору о	of your Social	Security ca	_	
W-Ben/W-9 as applicable (copy of o	Green Card may be neede	ed); Add	ress: we may need	proof suc	ch as a utility b	oill.		
FAX TO: (914) 641-3730, Attn: Opera	ations: or MAIL TO: Ougru	m, 2500	) Westchester Aven	nue. Suite	411, Purchase	NY 10577	Attn: Operations	
	ations, or MAIL TO. Quoru		VVCSteriester Aven	,				
REVIEWED BY	DATE		HECKING (IF NEW CHEC		NUMBER:			

ATM/CHECK CARD/CREDIT CARD