



MEMBER INFORMATION CHANGE REQUEST

Please note that only the Primary Member may make changes to an account.

Date: _____ **Member Number:** _____

Primary Member Name: _____

Select One: Name Change | Additional Name | Address Change | Email Change | Deceased

If the deceased was the Primary Member, please provide a copy of a death certificate and Letter of Excecutor.

Other: _____

Updated Information

Primary Member Name: _____

Additional Member Name: _____

Address: _____

Phone: _____

Email: _____

X _____

Signature of Primary Member

Additional Notes