



## Address Change Request Form

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Member Account #

\_\_\_\_\_  
Primary Member's Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

### PHYSICAL ADDRESS

Current Physical Address <b>Required:</b>	New Physical Address:
	<input type="checkbox"/> Current Physical Address is unchanged

**MAILING ADDRESS**  Use Physical Address

Current Mailing Address:	New Mailing Address:

### OTHER CHANGES

Current:	New:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Business Phone:	Business Phone:
E-Mail:	E-Mail:

### OTHER REQUEST

Order checks with new  Physical  Mailing Address:  Yes  No  
Update information on my IRA(s):  Yes  No

List all other names associated with the account whose physical address needs to be changed

\_\_\_\_\_  
Other Joint Name #1

\_\_\_\_\_  
Other Joint Name #2

\_\_\_\_\_  
Other Joint Name #3

\_\_\_\_\_  
Other Joint Name #4

Other Joint Name #1 different from Prime's physical address

Current Physical Address <b>Required:</b>	New Physical Address:

Other Joint Name #2 different from Prime's physical address

Current Physical Address <b>Required:</b>	New Physical Address:

Other Joint Name #3 different from Prime's physical address

Current Physical Address <b>Required:</b>	New Physical Address:

Other Joint Name #4 different from Prime's physical address

Current Physical Address <b>Required:</b>	New Physical Address:

**IDENTIFICATION**

\_\_\_\_\_  
ID Type                                      ID Description                                      ID Number                                      ID Expiration Date

\_\_\_\_\_  
Member's Signature

**NOTARY IS REQUIRED IF THIS FORM WAS NOT SUBMITTED IN-PERSON**

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public of the County of \_\_\_\_\_, hereby

certify that \_\_\_\_\_ personally appeared before me this day and

acknowledged the due execution of the forgoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public Signature

**MAILING INSTRUCTIONS**

Send all completed forms to: **Evergreen Credit Union**  
**P.O. Box 1038**  
**Portland, Maine 04104-1038**

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*Evergreen Credit Union Use Only*

\_\_\_\_\_  
Date Received                                      Address Changed By – User #/Name

**Address Request made:**

- In-Person
- By-Mail (Original Notary Signature or \*Callback procedure required)

**Task Completed:**

- New Checks Ordered
- Updated IRA information
- Update Debit Card mailing address:
- \*Callback performed

Transaction history detail used to confirm address change request:

\_\_\_\_\_  
Date                                      Transaction Type                                      Amount