



# Change of Information Form

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

Date: \_\_\_\_\_

Primary Name \_\_\_\_\_

Joint Name \_\_\_\_\_

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

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

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

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

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

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

## ONLY Update New Information (below)

New Name \_\_\_\_\_

New Name \_\_\_\_\_

Primary Address (A PRIMARY STREET ADDRESS IS REQUIRED & MUST BE KEPT ON FILE)

Primary Address (A PRIMARY STREET ADDRESS IS REQUIRED & MUST BE KEPT ON FILE)

\_\_\_\_\_

\_\_\_\_\_

Alternate/Seasonal Address Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Alternate/Seasonal Address Start Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Personal Email \_\_\_\_\_

Personal Email \_\_\_\_\_

Business Email \_\_\_\_\_

Business Email \_\_\_\_\_

Name of All Dependents and Last 4 of their SS#:

Name of All Dependents and Last 4 of their SS#:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

Primary Signature

X \_\_\_\_\_

Joint Signature

### FOR OFFICE USE ONLY

Maintenance completed in system by: \_\_\_\_\_

PLEASE PRINT River Valley Employee

Member Identification verified by: \_\_\_\_\_

PLEASE PRINT River Valley Employee

#### ID Verification Method:

Government Issued ID     Signature Card on file     Member known to employee     Other: \_\_\_\_\_

Operations \_\_\_\_\_ Date

Credit Cards \_\_\_\_\_ Date

ATM/Debit \_\_\_\_\_ Date

IRA \_\_\_\_\_ Date