



# Change of Information Form

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

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

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

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

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

## ONLY Update New Information (below)

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 \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Code Word \_\_\_\_\_

Code Word \_\_\_\_\_

Name of All Dependents (under 18 yrs old) and last 4 digits  
of their Social Security Number:

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of their Social Security Number:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_  
Primary Signature

**X** \_\_\_\_\_  
Joint Signature

### FOR OFFICE USE ONLY

Member Identification verified by: \_\_\_\_\_  
PLEASE PRINT River Valley Employee

#### ID Verification Method:

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

Maintenance completed in system by: \_\_\_\_\_  
PLEASE PRINT River Valley Employee

Operations \_\_\_\_\_ Date \_\_\_\_\_ Credit Cards \_\_\_\_\_ Date \_\_\_\_\_ ATM/Debit \_\_\_\_\_ Date \_\_\_\_\_ IRA \_\_\_\_\_ Date \_\_\_\_\_