

# Name Change Request

**MSUFCU Account Number(s)** \_\_\_\_\_

On (date) \_\_\_\_ / \_\_\_\_ /20\_\_\_\_, my name was legally changed by reason of \_\_\_\_\_.  
I request that the Credit Union change its records to show my present name.

Former Name

Former Signature

Present Name

Present Signature

## Please update my contact information

Address

City

State

ZIP

Mobile Phone

Other Phone

Email

## Please update my beneficiaries

Beneficiary Name

Phone

Relationship

Percent(%)

Address

Birth Date

Social Security Number

Beneficiary Name

Phone

Relationship

Percent(%)

Address

Birth Date

Social Security Number

## Return your completed Beneficiary Designation form to MSUFCU

### Mail

MSU Federal Credit Union  
PO Box 1208  
East Lansing, MI 48826

### Fax

517-664-7347 or  
866-374-2123

### Online

Scan and upload your completed form to the eMessage Center through ComputerLine.

### In Person

Bring your completed form to any MSUFCU branch location.

## FOR OFFICE USE ONLY

All Signatures Verified

Employee Name & Number

Date

Name Change on ALL Accounts

Visa Debit, Visa Platinum

Check Order Updated

ATM Cards

Safe Deposit Box

IRA/HSA/Coverdell Account(s)

