



## Name Change/Transfer/Merge Form

Received at:	Location Name		
Date:	MM/DD/YYYY		
VIA:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> In person

The equity account of: \_\_\_\_\_ Member # \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name Changed to: \_\_\_\_\_ Reason for Change: \_\_\_\_\_

☐ Transfer to: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: MM/DD/YYYY

\_\_\_\_\_ SIN# 

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Phone # \_\_\_\_\_

☐ Merge with: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: MM/DD/YYYY

\_\_\_\_\_ SIN# 

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Phone # \_\_\_\_\_

Reason for Merge:

☐ I have two membership numbers

☐ My spouse and I choose to merge our accounts

Keep #: \_\_\_\_\_ Cancel #: \_\_\_\_\_

☐ I the undersigned, hereby agree to the changes to my membership.

DATE: MM/DD/YYYY

Signed By: \_\_\_\_\_

*The instructions given and/or changes authorized in this form constitute a legal document and all changes must be approved by the North Central Co-op Association Ltd.'s board of directors.*

*North Central Co-op Association Ltd. retains the Personal Information of users to fulfill the purposes for which it was collected. North Central Co-op Association Ltd. maintains and also requires its Service Providers to maintain administrative, technical and physical safeguards to protect against loss, misuse or unauthorized access, disclosure, alteration or destruction of Personal Information.*

### FOR OFFICE USE ONLY

Notes:	A/R:	Member Master update:
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