

**CHANGE OF:**

ADDRESS     MAILING ADDRESS     NAME     BENEFICIARY

DATE

ACCOUNT #

SSN/TIN #

**OLD  
NAME AND  
ADDRESS**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**NEW  
NAME AND  
ADDRESS**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**BENEFICIARY**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TAKEN BY \_\_\_\_\_



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