



CHANGE OF CONTACT INFORMATION

Customer Name: _____

Social Security Number: _____

Home Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Signature: _____

Date: _____

Verification Performed via Phone: Key Word MN Name Date of Birth

Last 4 SSN Direct Dep/ACH WDL

Message Placed on Profile Yes No

CIP On File Yes No

Accepted by: _____

Date: _____

Maintenance by: _____

Date: _____