

## NOTIFICATION OF CHANGE TO PERSONAL DETAILS

Name \_\_\_\_\_ Membership Number \_\_\_\_\_

Numbers of any other accounts held with us \_\_\_\_\_

Please update your records as follows.

You do not need to fill out all of this form; anything that has not changed can be left blank

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHANGE OF BENEFICIARY

Please change the beneficiary of my account to the following, cancelling any previous arrangements.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (sign and print name) \_\_\_\_\_

Address of witness if not DFCU staff \_\_\_\_\_

FOR OFFICE USE ONLY:

ACTIONED (DATE & INITIAL) \_\_\_\_\_