



## **Name Change Request Form**

JMEC Account Number/s: \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Current Name as it appears on Account: \_\_\_\_\_

**SOCIAL SECURITY NUMBER: (Required: \* Please provide VERBAL or On a piece of paper—to be returned to you.)**

Requestors Name & Mailing Address: \_\_\_\_\_

Contact Number: (Home/Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Reason for Request:**

\_\_\_\_\_ **DECEASED SPOUSE:** - (Death Certificate) \_\_\_\_\_  
Surviving Spouse: \_\_\_\_\_

\_\_\_\_\_ **LEGAL NAME CHANGE:**  
**Examples** of needed document for verification: Marriage License, Court Order showing Change of Name, Divorce Decree  
Change Name to: \_\_\_\_\_

\_\_\_\_\_ **NAME IS MISPELLED:**  
Correct Spelling of Name: \_\_\_\_\_

\_\_\_\_\_ **NAME IS UNDER CLOSED BUSINESS:**  
(If other than owner and is deceased complete – “Patronage Capital Credit Claim Form For Deceased Patron”)  
Owner Name: \_\_\_\_\_

\_\_\_\_\_ **NAME IS UNDER DECEASED RELATIVE:**  
(If the account is active under deceased – the account needs to be changed. --- Application is required)  
(If next of kin and have legal documents—he/she may claim deceased members’ future Capital Credits –  
Complete “Patronage Capital Credit Claim Form for Deceased Patron”)

**Requesters Name:** \_\_\_\_\_

**Relation to Deceased:** \_\_\_\_\_

\_\_\_\_\_ **OTHER:**  
Explain reason for request: \_\_\_\_\_  
Requested Change: \_\_\_\_\_

**Signature of Requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>Document Provided:</b> _____		<b>Date Received:</b> _____
<b>Information Verified by:</b> _____ (Do Not keep copy of document provided)		<b>Date Updated:</b> _____
_____ Updated CA Member # _____	<b>By:</b> _____	<b>Date Updated:</b> _____
_____ Updated CC Member # _____	<b>By:</b> _____	<b>Date Updated:</b> _____