

****PLEASE PRINT THIS FORM AND COMPLETE SECTIONS A, B, C, & E. SECTION D MUST BE NOTARIZED AND COMPLETED IF REMOVING A JOING OWNER ON THE ACCOUNT. YOU MAY EITHER FAX OR MAIL UPON COMPLETION.**

ACCOUNT CHANGE FORM

Date	Account Number	Name	SSN#:
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SECTION A: Name Change

Current Name: _____ New Name: _____ Effective Date: _____

SECTION B: Change of Address -- NEW ADDRESS

Entire Household: _____ Individual: _____

Last _____ First _____ Middle _____

Street _____ Apt. _____ City _____ State _____ Zip Code _____

Mailing Address _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

SECTION C: Add Joint Owner (Must include a photocopy of driver's license or photo ID.)

<input type="checkbox"/> Joint rights to survivorship <input type="checkbox"/> W/O Joint rights of survivorship	<input type="checkbox"/> Existing Customer <input type="checkbox"/> New Customer	<input type="checkbox"/> Joint rights to survivorship <input type="checkbox"/> W/O joint rights of survivorship	<input type="checkbox"/> Existing Customer <input type="checkbox"/> New Customer
Last _____ First _____ MI _____ Physical Address _____ City _____ State _____ Zip _____ Social Security # _____ Phone Number _____ Driver's License # _____ Relationship to Account _____ Secondary ID Type _____ Secondary ID Number _____ Employer _____ Mother's Maiden Name _____ Date of Birth _____ Password _____	Last _____ First _____ MI _____ Physical Address _____ City _____ State _____ Zip _____ Social Security # _____ Phone Number _____ Driver's License # _____ Relationship to Account _____ Secondary ID Type _____ Secondary ID Number _____ Employer _____ Mother's Maiden Name _____ Date of Birth _____ Password _____		

SECTION D: Delete a Joint Owner

Removal of Joint Owner: Remove the following account owner. Removal of joint owner requires consent of all account owners. We will hold Golden Belt Bank harmless for actions regarding access. The removed owner relinquishes ownership interest. This relinquishment does not affect my/our obligation on any loan account(s).

(printed name of joint owner)

(signature of joint owner)

(date of birth)

STATE OF _____

COUNTY OF _____

Before me appeared _____ who is personally known to me this _____ of _____, 20____.

SEAL _____

Notary Public

Expiration Date

SECTION E: Signatures are Required

Any amendments to the ownership of this account must be accompanied by the signatures of ALL current owners of this account. Everything I/We have stated in this application is true and correct to the best of my/our knowledge. I/We understand that Golden Belt Bank will retain this application. I/We further agree to the terms and conditions of Golden Belt Bank's deposit agreement. These terms and conditions are set forth in the accompanying documents which I/we received at the time of application.

Signature _____ Date _____ Joint Owner's Signature _____ Date _____

FOR OFFICE USE ONLY

I.D. Verified Yes No OFAC Yes No Date CIS Updated: _____ by _____

Copy of I.D. Yes No Accepted by: _____ Copy to Ellis Yes No Risk Level (if applicable) _____

Signature Card Updated: _____ Comments: _____

**901 WASHINGTON
ELLIS, KS 67637
PH: 785-726-3157
FAX: 785-726-3409**

**1101 E. 27TH
HAYS, KS 67601
PH: 785-625-7345
FAX: 785-625-7454**