



INSTRUCTIONS: THIS FORM IS TO BE COMPLETED BY AN EXISTING MEMBER TO UPDATE THEIR ACCOUNT. COMPLETE RELEVANT SECTION. FOR SECTIONS THAT THERE IS NO CHANGE, TICK BOX FOR NO CHANGE AND INITIAL.

MEMBER NAME

MEMBER NO.

DATE OF BIRTH

DATE

1 UPDATE NAME

CURRENT NAME

NO CHANGE

NEW NAME

INITIAL:

SUPPORTING DOCUMENTATION TO BE PROVIDED: MARRIAGE CERTIFICATE OR DEED POLL OR DISSOLUTION OF MARRIAGE CERTIFICATE AND UPDATED ID EVIDENCING CHANGE OF NAME

2 UPDATE TRANSACTION PROFILE

UPDATE APPROXIMATE DOLLAR VALUE DEPOSITS TO: \$

NO CHANGE

FREQUENCY OF DEPOSITS: WEEKLY BI-WEEKLY MONTHLY ANNUAL

INITIAL:

SUPPORTING DOCUMENTATION TO BE PROVIDED:

- MOST RECENT PAYSリップ (IF EMPLOYER HAS NOT CHANGED) OR
- UPDATED JOB LETTER ADDRESSED TO CICSA CO-OPERATIVE CREDIT UNION (IF EMPLOYER HAS CHANGED) *IF EMPLOYER HAS CHANGED, COMPLETE SECTION 3 OR
- OTHER (IF OTHER, PLEASE STATE SOURCE OF INCOME)

3 UPDATE EMPLOYER

EMPLOYEE STATUS: FULL-TIME PART-TIME SELF-EMPLOYED UNEMPLOYED RETIRED STUDENT

NO CHANGE

NAME OF EMPLOYER

INITIAL:

GOV'T DEPT (IF APPLICABLE)

EMPLOYER ADDRESS

EMPLOYER TELEPHONE

OCCUPATION

MONTHLY INCOME

SUPPORTING DOCUMENTATION TO BE PROVIDED:

- UPDATED JOB LETTER ADDRESSED TO CICSA CO-OPERATIVE CREDIT UNION OR
- IF SELF-EMPLOYED:
 1. TRADE & BUSINESS LICENSE (IF APPLICABLE)
 2. RECENT ANNUAL RETURN (IF APPLICABLE)
 3. BANK REFERENCE (DATED WITHIN LAST 3 MONTHS)
- IF RETIRED:
 1. LETTER FROM PENSION COMPANY CONFIRMING MONTHLY OR ANNUAL PENSION AMOUNT OR
 2. MOST RECENT PAYSリップ FROM PUBLIC SERVICE PENSION BOARD (IF MEMBER RECEIVES PUBLIC PENSION.)

4 UPDATE CONTACT INFORMATION

CONTACT NUMBER 1

CONTACT NUMBER 2

NO CHANGE

EMAIL ADDRESS 1

INITIAL:

EMAIL ADDRESS 2



5 UPDATE ADDRESS

A. CHANGE PHYSICAL ADDRESS

PHYSICAL ADDRESS

NO CHANGE

INITIAL: _____

COUNTRY

SUPPORTING DOCUMENTATION TO BE PROVIDED:

- LEASE AGREEMENT
- UTILITY BILL IN MEMBER'S NAME
- UTILITY BILL AND COMPLETED CREDIT UNION PROOF OF RESIDENCE FORM (IF UTILITY BILL IS NOT IN THE NAME OF MEMBER)
- LETTER FROM EMPLOYER CONFIRMING ADDRESS

B. CHANGE POSTAL ADDRESS

POSTAL ADDRESS

COUNTRY

Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Member Update form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information.

MEMBER SIGNATURE:

DATE

FOR CREDIT UNION USE ONLY

RECEIVED BY:

DATE RECEIVED

UPDATED BY:

DATE UPDATED