

You can use this Ownership Change Request form to add joint signers or beneficiaries to any existing account. Simply complete information regarding your existing account, and then add the new signers/beneficiaries.

Primary Signer *(account holder)*

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	

Contact Information

Address:	PO Box:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	Extension:	

Account Information *(please list account numbers)*

#	#
#	#
#	#

Add Joint Owner/Beneficiary

Add as Joint Add as Beneficiary

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	
Address:	PO Box:	
City:	State:	Zip Code:
Phone:	Employer/Position:	
Mother's Maiden Name:		

Add Joint Owner/Beneficiary

Add as Joint Add as Beneficiary

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	
Address:	PO Box:	
City:	State:	Zip Code:
Phone:	Employer/Position:	
Mother's Maiden Name:		

Add Joint Owner/Beneficiary

- Add as Joint Add as Beneficiary

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	
Address:	PO Box:	
City:	State:	Zip Code:
Phone:	Employer/Position:	
Mother's Maiden Name :		

Additional Information

- Check box if a line of credit is attached to the checking account and a new application is included with the request.
Do you have a safe deposit box with Desert Community Bank? Yes No
- Check box if additional documentation (marriage license, trust papers, etc.) is attached.

Note: Please include a driver's license, state identification or passport along with one of the following pieces of identification: current car registration, current utility bill, insurance card or voter registration card for all new signers. Owners cannot be removed from an existing account. The account must be closed and a new account opened. The only exception to this rule is in the event of account owner's death. At that time the deceased owner can be removed and a new owner added. A death certificate is required for verification.

Primary Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Important Information

Once complete and signed, please mail or fax to:

Mail: Internet Banking | Mail Stop 4-323 | 301 W. Michigan Avenue | Jackson, MI 49201 **Fax:** (248) 250-5551