

Change of Contact Information



Use this form to change your contact information with Everence. You can submit this form by fax: (574) 537-6633, email: clientchange@everence.com, or by mailing it to Everence, Attn: Records, P.O. Box 483, Goshen, IN 46527.

Name _____
First Middle Last

Social Security number _____ or Member ID number _____

Change my name: Old name _____ New name _____

Change my permanent mailing address to:

Street address _____

City _____ State _____ Zip + 4 _____

Church I attend _____ Church I am a member of _____

This address change applies to Me only My family

My contact information

Home (_____) _____ - _____

Cell (_____) _____ - _____

Daytime (_____) _____ - _____

Email _____

Authorization

By submitting this change of personal information request I am authorizing Everence Financial to share my personal information including any changes to such information with the following Everence entities:

- Everence Association, Inc.
- Everence Trust Company
- MMA Distribution, Inc.
- Everence Insurance Company
- The Mennonite Foundation, Inc.
- Everence Federal Credit Union*

Account numbers to be updated _____

**For credit union accounts, I/we agree the changes on this form amend the previously signed Account Card and are subject to the terms and conditions of the Everence Federal Credit Union Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, and to any amendment that Everence Federal Credit Union makes from time to time which are incorporated herein. This change request will be reflected in all account types.*

All of these entities collaborate to provide a full range of products and services to our members and they need this information to serve you. However, if you do not want Everence to share your personal information, including any changes to your personal information, with any of the above entities, please indicate your wishes in the space below. We will make our best effort to be sure that such information is not shared with the entities indicated above. It will be your duty to inform such entities of any changes to your personal information in the event such entity is currently serving you.

Our staff may ask you to provide a picture identification to complete this request.

Signature _____ Date _____

Signature _____ Date _____

Everence

1110 N. Main St.
P.O. Box 483
Goshen, IN 46527
www.everence.com

Toll-free: (800) 348-7468
T: (574) 533-9511

2121289

For office use only

Office employee full name and office/branch _____

Change requested by _____

Type of notification (in-person, telephone, etc.) _____

Disclaimer requirement:

- Member was informed this information would be shared between Everence entities.
- After disclaimer, member requested not to have information shared between entities.