

Please Print or Type (If the Designated Beneficiary's information is being corrected, this section should include the old, incorrect information.)

CUID (Credit Union will Complete)	Credit Union Name
Social Security Number	ESA Suffix
Designated Beneficiary's Name (First, Initial, Last)	
Account Number	

IDENTIFYING INFORMATION CHANGE/CORRECTION

This section cannot be used to change the person who is the Designated Beneficiary, Grantor/Depositor or Responsible Individual.

Designated Beneficiary's Information

Correct Name (First, Initial, Last)	New Address	Apt. #
Correct Social Security Number	Birth Date (MM/DD/YYYY)	Mailing Address if different from Street Address
New/Correct Account Number	City, State, ZIP	

Grantor/Depositor's Information

Correct Name (First, Initial, Last)	New Address	Apt. #
Correct Social Security Number	Mailing Address if different from Street Address	
<input type="checkbox"/> Check here if new address is the same as Designated Beneficiary's. If not, please provide new information to the right.	City, State, ZIP	

Responsible Individual's Information

Correct Name (First, Initial, Last) (must be parent or legal guardian of Designated Beneficiary)	New Address	Apt. #
<input type="checkbox"/> Check here if new address is the same as Designated Beneficiary's. If not, please provide new information to the right.	Mailing Address if different from Street Address	
City, State, ZIP		

CHANGE TO ELECTION OF RESPONSIBLE INDIVIDUAL (Must be completed by Grantor/Depositor)

- 1. The Responsible Individual shall continue to serve as the Responsible Individual for the trust after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the trust (custodial account) and the trust (custodial account) terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary shall become the Responsible Individual. (NOTE: This election may not be made after the Designated Beneficiary reaches the age of majority.)
- 2. When the Designated Beneficiary attains the age of majority under state law the Designated Beneficiary becomes the Responsible Individual.

ACCOUNT STATUS CHANGE/CORRECTION

To make a change to the status of an account, check the appropriate box below and fill in any requested information.

- 1. Permanently close this zero balance account as of _____ (MM/DD/YYYY)
- 2. Reopen this previously closed account

SIGNATURE

The Responsible Individual should sign a change in identifying information or account status, and the Grantor/Depositor should sign a change in the election of Responsible Individual.

Responsible Individual's Name (PLEASE PRINT)	Grantor/Depositor's Name (PLEASE PRINT)
X _____ Responsible Individual's Signature	X _____ Grantor/Depositor's Signature
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)

Any changes indicated on this Change Notice (Form 2509E) were directed by the Responsible Individual and/or the Grantor/Depositor.

X _____ Credit Union's Signature	Date (MM/DD/YYYY)
-------------------------------------	-------------------