



# Name Change Notification Form

**Instructions:**

- 1. Please complete this form and print in capital letters
- 2. Please mail the completed form to: **Oikocredit USA, PO Box 66383, Washington, DC 20035**
- 3. If you need assistance completing this form, please contact us at **202-728-4143**

**A. Individual or Joint Investor Information** (As currently appears on the account)

Name \_\_\_\_\_  
First Middle Initial Last

If joint account \_\_\_\_\_  
First Middle Initial Last

**B. Institutional, Trust, or Other Organizational Information**

\_\_\_\_\_  
Institution

**C. Investor Information**

Investor ID #: \_\_\_\_\_

**D. Address**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

**E. Notification of Name Change**

My name has changed and needs to be updated. I hereby certify that

\_\_\_\_\_ and \_\_\_\_\_  
Old Name New Name

are one and the same person.

**F. Signature**

\_\_\_\_\_  
Individual, Trustee, or Officer Signature Date

\_\_\_\_\_  
Joint Signature Date