Tidemark FCU Attn: Member Service Center P.O. Box 1630 Millsboro, DE 19966 302-629-0100 Fax 302-933-0905

CHANGE OF ADDRESS REQUEST FORM

Name (printed): Old Address:

SSN: New Physical Address:

Please note that we MUST have a physical address for you. If you prefer that mail be sent elsewhere (such as a P.O. Box), please list that address below:

| New Phone Number: (H) | (W) | (C) |
|--------------------------------------|-----------------------------|----------------|
| Please list the SPECIFIC accounts vo | ou wish to change and for v | which vou have |

signature ige y y у authority:

Account # Account # Account # Account #

Effective Date of Change

| Signature | | Date |
|---------------|------|------|
| For TFCU use: | | |

Instructions for completing the Change of Address Request Form:

Protecting your identity is one of our priorities. As such, we handle change of address requests in a secure manner. You may either change your address while logged onto On-line Banking, or use our Change of Address Request Form. To utilize this form, please use the following directions.

Please print the form, complete it, and either mail or fax it to the address shown or deliver it to one of our branch offices.

Please make sure to sign the form where indicated. We cannot change the address on an account over which you do not have signature authority (either primary, joint, or custodial). If other members of your household are moving and you do not have signature authority, please have them complete a separate form.