MAX Credit Union Name Change and Backup Withholding Request

Member Number:	
Prime Member Name:	
Joint Member Name: _	
	NAME CHANGE
Prime/Joint Name From: _	
Prime/Joint Name To:	
Reason:	
Type of Document present	ted: Must be witnessed by a MAX associate. A copy does not have to be retained.
ID # Verifi	ied:
_	
	ACKUP WITHHOLDING STATEMENT
Social Security Number: _	
number to be issued to backup withholding either I withholding as a result of a f that I am no longer subject am a U.S. person (includin DOES NOT REQUIRE YC	y correct taxpayer identification number (or I am waiting for a me), (2). That unless designated below, I am not subject to because I have not been notified that I am subject to backup failure to report all interest or dividends, or the IRS has notified me to backup withholding and (3). That, unless designated below, I ag a U.S. resident alien). THE INTERNAL REVENUE SERVICE DUR CONSENT TO ANY PROVISION OF THIS DOCUMENT FICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.
I am subject to back	kup withholding
I am exempt	
□ I am a foreign perso	on other than a U.S. resident alien (complete IRS for W-8BEN)
By signing below, acknow	ledges my request for Name and/or Backup Withholding Changes.
Member Signature:	Date:
Associate Signature:	Date:
This document requires a N	lotary Public if not signed and witnessed in the presence of a MAX Credit Union Associate.
STATE OF	County

STATE OF,	County.
I, the undersigned authority, a Notary	Public in and for said State and County, hereby certify that whose name is signed to the foregoing written Membership
	own to me, acknowledge before me on this day, that, being informed of the same voluntarily on the date that same bears. Given under my hand and2020
SEAL	Notary Public