



254 Cabot Street, Beverly, MA 01915 Tel. 978.922.0857 Fax 978.922.9060

ADDRESS CHANGE FORM

This form should be used if you've moved and need to change your address, or if you are about to move and would like to change your address. It can also be used to request a temporary or seasonal address or to up-date your e-mail address.

When complete please sign and deliver in person or mail to **:

Beverly Bank
254 Cabot St.
P. O. Box 498
Beverly, MA 01915

** If this form is to be returned in the mail all signatures must be notarized
If there are more than two account holders please submit multiple forms.

PLEASE NOTE: Required Information is marked with an asterisk (*)

CUSTOMER INFORMATION:

* Name 1: _____ * OLD ADDRESS: _____

Omega Name 2: _____

Is this a temporary or seasonal address? Yes No * CITY: * STATE: * ZIP:
* NEW ADDRESS: _____

If yes when the previous address should be reinstated: __/__/20__ * CITY: * STATE: * ZIP:

* CONTACT TELEPHONE NUMBERS: (minimum of one telephone number contact required)

() _____ New? Yes No () _____ New? Yes No () _____ New? Yes No
Home Work Cell

EMAIL ADDRESS: _____ New? Yes No

A. * ACCOUNT INFORMATION: THIS ADDRESS CHANGE WILL IMPACT ALL PRIMARY TAX ID REPORTING OWNER'S ACCOUNTS. IF THE CHANGE OF ADDRESS REQUEST IS FOR SPECIFIC ACCOUNTS ONLY PLEASE COMPLETE SECTION B ONLY:

CHECKING ACCOUNT NUMBERS: SAVINGS/CD/IRA ACCOUNT NUMBERS LOANS:

B. PLEASE CHANGE THE MAILING ADDRESS ON THESE ACCOUNTS ONLY:

CHECKING ACCOUNT NUMBERS: SAVINGS/CD/IRA ACCOUNT NUMBERS: LOANS ACCOUNT NUMBERS:

OTHER INFORMATION/ COMMENTS: _____

ACCOUNT HOLDER SIGNATURE 1: x _____ NAME: _____ DATE: __/__/20__

Omega ACCOUNT HOLDER SIGNATURE 2: x _____ NAME: _____ DATE: __/__/20__

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State of _____ County of _____ ss.

On the _____ day of _____, in the year _____, before me the undersigned notary public, personally appeared _____, personally known to me (or satisfactorily proven by means of this form of identification: _____), _____, personally known to me (or satisfactorily proven by means of this form of identification: _____) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that she/he/they (circle one) executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal. _____ Date _____

(Official Signature and Seal of Notary Public) _____

(Name of Notary Public typewritten or clearly printed)
Notary Public

Commission expiration