

CUSTOMER INFORMATION CHANGE

1. CHANGE TYPE

I/We authorize Northpointe Bank to make and accept the following changes to my/our accounts: Please indicate the type of change and complete only the information that affects the change.

- | | | | |
|---|----------------------------------|-------------------------------------|---------------------------------|
| Account Owner Information | <input type="checkbox"/> Add | <input type="checkbox"/> Change | <input type="checkbox"/> Remove |
| Beneficiary | <input type="checkbox"/> Add | <input type="checkbox"/> Change | <input type="checkbox"/> Remove |
| Address <input type="checkbox"/> Alt Address <input type="checkbox"/> | <input type="checkbox"/> Add | <input type="checkbox"/> Change | <input type="checkbox"/> Remove |
| Close | <input type="checkbox"/> Account | <input type="checkbox"/> eStatement | |

2. AFFECTED ACCOUNT NUMBERS

3. CURRENT ACCOUNT OWNER

Name:	SSN/TIN:
Address:	Driver's License / Passport #: Exp.: ___/___/___
City/State/Zip:	Date of Birth: / /
Home/Cell Phone: () Employer:	Mother's Maiden Name:
Occupation: Work Phone: ()	E-mail:

4. NEW OWNERS / SIGNERS / BENEFICIARIES

Joint Account Owner(s) signing to be removed relinquishes ownership interest in the account(s). This relinquishment does not affect my/our obligation on any loan accounts.

Name:	Signer Type: <input type="checkbox"/> Joint Owner <input type="checkbox"/> Auth. Signer <input type="checkbox"/> Beneficiary <input type="checkbox"/> POA/Trustee
Address:	SSN/TIN:
City/State/Zip:	Driver's License / Passport #: Exp.: ___/___/___
Home/Cell Phone: () Employer:	Date of Birth: / / Mother's Maiden Name:
Occupation: Work Phone: ()	E-mail:

Name:	Signer Type: <input type="checkbox"/> Joint Owner <input type="checkbox"/> Auth. Signer <input type="checkbox"/> Beneficiary <input type="checkbox"/> POA/Trustee
Address:	SSN/TIN:
City/State/Zip:	Driver's License / Passport #: Exp.: ___/___/___
Home/Cell Phone: () Employer:	Date of Birth: / / Mother's Maiden Name:
Occupation: Work Phone: ()	E-mail:

5. SIGNATURES, CONSENTS, AND AGREEMENTS

Each applicant, authorized user, or other party signing below (together herein referred to as "applicant(s)") hereby makes application to amend the accounts(s)/service(s) as indicated and agrees to conform to Northpointe Bank Deposit Account Disclosures. I/we certify the signature(s) on this card apply to all accounts designated above; and all information provided herein and in the prior card not expressly modified is true and correct. I reaffirm that we have received and agree to be bound by any terms and conditions in this card, and any Special Account or other separate Account Service Applications or Agreements as amended from time to time, which are incorporated herein by reference. Each applicant consents that Northpointe Bank may undertake to verify their eligibility for any account(s) and service(s) now and in the future. In addition, all applicants authorize us to make inquiry to determine your employment history and to obtain information concerning any accounts with other institutions and your credit history, including any credit report. Applicants specifically consent that Northpointe Bank may report information concerning their account(s) services to others; and that we may provide the reasons should we determine you to be ineligible for any services or to be an authorized person/user to the other applicants. All present and future deposits to the account(s) designated above secure payment of any account owner's obligations to Northpointe Bank. This card authorizes Northpointe Bank to open future accounts and/or services in the names of the owners or Account Title listed above. If any representative capacity is indicated, Northpointe Bank shall provide all statements, notices and other information only to the person designated as having authority (e.g. a "trustee"). BY SIGNING BELOW YOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATION AND REPRESENTATIONS BY YOU MADE HEREIN AND ON THIS CARD.

_____	_____	_____
Authorized Signature	Date	Date

Note: All requests to add joint owners or authorized signers must include a copy of non-expired government issued ID for the new signer.

FOR INTERNAL BANK USE ONLY

Date Processed _____	Initial _____	(Address Changes) Navigator Address ID _____
Identity / Signature(s) Verified Yes _____ No _____	Initial _____	Verification Completed _____ Initial _____
Notification Type: In-Person _____ Phone _____ Email _____	Confirmation Letter Sent* Date _____	Initial _____
Chat _____ Mail _____ Fax _____	*Only applicable to address change requests	