



Member driven.  
Community focused.

## Notification of Changes to Member Information

\_\_\_\_\_  
**FHFA ID #**

\_\_\_\_\_  
**Institution Name**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

**New Legal Name<sup>1</sup>**

\_\_\_\_\_

**Effective Date:**

<sup>1</sup> Please include the Certificate from the Regulator with new name and modifications to organizational documents.

**New Address**

**New Physical/Charter Address<sup>2</sup>**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Effective Date**

<sup>2</sup> Please include Letter of Approval from Regulator.

**Effective Date**

**New Charter Type<sup>2</sup>**

- National/Federal
- State

**New Regulator(s)<sup>2</sup>**

- FDIC       OCC       FRB
- NCUA       State Regulated

**New Insurance of Accounts:**

- DIF     NCUA     Non-Federally Insured<sup>3</sup>

Name of Insurer: \_\_\_\_\_

<sup>3</sup> Please include copies of NCUA's approval to terminate Federal Share Insurance, state approval and updated charter.

**Please Mail or Fax:**

Federal Home Loan Bank of Dallas | Member Services Desk | 8500 Freeport Pkwy. South, Suite 600  
Dallas, Texas 75063-9026 | Fax: 214.441.8512