



Experian # _____
CSR Initials _____
Date _____

MEMBERSHIP STATUS CHANGE AFFIDAVIT

State of _____ County of _____

Before me this day personally appeared _____ who being duly sworn states that:
I have the following Membership (Service Credit Membership) with LCEC, Inc., ID # _____

Social Security (or EIN) # _____ Name _____

The Bylaws of LCEC allow name changes under specific conditions—marriage, divorce, and other legal name changes or joint tenancies and similar ownership structures.

I request that the title on this Membership be changed to _____ effective _____.

I understand that this change will not release me/us of liability of any unpaid amounts owed on any accounts associated with the above Membership.

Initial one box (if applicable):

By **adding** the Co-Applicant named below, I understand that all past and future equity ownership will become jointly owned, effective _____.

By **removing** the Co-Applicant named below, I understand that this change will not release liability of any unpaid amounts owed on any accounts associated with the above membership effective _____.

Applicant Social Security #

Applicant Signature

Co-Applicant Information

Co-Applicant Name _____ Social Security # _____

Date of Birth _____ Phone # _____

Previous Address _____

My notarized signature below authorizes LCEC to complete an Identity and Credit Verification. Should the credit bureau results require that a deposit is necessary, a deposit will be added to all services associated with the membership above.

Co-Applicant Signature

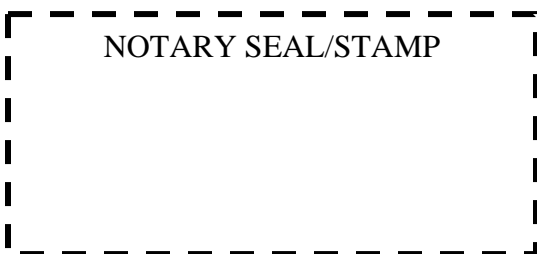
Signed and sworn to (or affirmed) before me on _____ by _____
He/she is personally known to me or has produced _____ as identification.

Notary Signature & Commission #

Printed Name of Notary _____ Date _____

Completed By _____ Date _____

LCEC OFFICE USE ONLY



| | |
|------------------|---------------------|
| Equity Dept. Use | EQ SCM # _____ |
| | EO Balance \$ _____ |
| | Due \$ _____ |
| | Equity Rep _____ |
| | Processed _____ |