

**REPORT OF CHANGE IN OFFICIALS**  
(Please complete a separate form for each individual)

Send to:  
Oklahoma State Banking Department  
2900 N. Lincoln Boulevard  
Oklahoma City, Oklahoma 73105

Credit Union: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Change:      \_\_\_\_\_ Incoming                      \_\_\_\_\_ Outgoing

\_\_\_\_\_ Director    \_\_\_\_\_ Exec. Officer    \_\_\_\_\_ Credit Committee    \_\_\_\_\_ Supervisory Committee

Effective Date of Change: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Home Address (No P.O. Boxes): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Indicate any previous or current service or employment with a federally insured or state chartered financial institution**

Name of Institution	City	State	Dates of Service
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Name of Individual Reporting Change: \_\_\_\_\_

Title: \_\_\_\_\_