

# Township Change Form

All changes to Township board positions must be submitted to Minnesota Benefit Association within 30 days of the change. Please use blue or black ink only and print legibly when completing this form. Keep a copy of this documentation for your records. Email or mail the completed form to the address below or fax to 651-739-3265.

Minnesota Benefit Association  
6701 Upper Afton Road, Woodbury MN 55125  
[info@MinnesotaBenefitAssociation.org](mailto:info@MinnesotaBenefitAssociation.org)  
Phone: 800-360-6117

Township Name: \_\_\_\_\_ County: \_\_\_\_\_

## Terminated Board Members

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## New Board Members

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ Position: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Street City State Zip

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ Position: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Street City State Zip

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ Position: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Street City State Zip

Signature \_\_\_\_\_

Date \_\_\_\_\_