

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
For information call 800-360-6117

Name and County of Township _____

Person to be Deleted _____
Last name First Name MI
Effective Date _____

Person to be Deleted _____
Last Name First Name MI
Effective Date _____

Person to be Deleted _____
Last Name First Name MI
Effective Date _____

New board member _____
Last Name First Name MI
Effective Date _____

Position _____

Date of Birth _____ Email _____

Home Address _____
Street City State Zip

New board member _____
Last Name First Name MI
Effective Date _____
Position _____
Date of Birth _____ Email _____
Home Address _____
Street City State Zip

New board member _____
Last Name First Name MI
Effective Date _____
Position _____
Date of Birth _____ Email _____
Home Address _____
Street City State Zip

Signature _____ Date _____