
Required Information:

Name: _____

Daytime Phone: () _____

Email Address: _____

WSFS Account(s): _____

List all WSFS Account #'s requiring maintenance (as detailed below)

Change Social Security No./Tax ID:

Name: _____

Change Social Security Number From: _____ To: _____

*** Must attach copy of Social Security card**

By signing this form I/We hereby acknowledge receipt of the disclosure of the terms and conditions for the services requested herein and agree to be bound by them. Under penalty of perjury, I (We) certify: (1) that the number(s) shown on this form is/are my (our) correct taxpayer identification(s) and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified that I (we) are subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service (IRS) has notified me (us) that I (we) are no longer subject to backup withholding. (If section (2) of this sentence is not a correct statement, strike out that section.) The IRS does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

Signature

Date

Required Information:

Social Security Change Form and must include signature and copy of Social Security Card.

Please submit request via WSFS Drop Box in the Trabant University Center

Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899

*You will receive email notification upon receipt of request. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

FOR BANK USE ONLY

Received by: _____

Date: _____