

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.

Minnesota Benefit Association
6701 Upper Afton Road, Woodbury MN 55125
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 _____