



Use this form to update the information of an account owner.

You must already be an account owner in order to change information on an account.

## 1. PERSONAL INFORMATION (\*required field)

Should Forge Trust Co. need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

|                     |   |                             |
|---------------------|---|-----------------------------|
| First Name*         | Middle Name                             | Last Name*                  |
| Account Number*     | Social Security Number* (last 4 digits) | Date of Birth* (MM/DD/YYYY) |
| Phone* XXX-XXX-XXXX | Email (Your personal email only)        |                             |

## 2. ACCOUNTS INVOLVED (Change of address will be applied to accounts you indicate)

If you check this box, address will remain unchanged on any accounts you do not identify here.

ALL accounts associated with:

Social Security or Taxpayer ID Number

ONLY on these accounts:

|                |                |                |
|----------------|----------------|----------------|
| Account Number | Account Number | Account Number |
| Account Number | Account Number | Account Number |

## 3. NEW ADDRESS OF ACCOUNT OWNER

Provide the address used for tax reporting. Cannot be a PO Box, Mail Drop, or C/O.

Legal/Permanent Address

|           |                |                 |         |
|-----------|----------------|-----------------|---------|
| Address 1 |                |                 |         |
| Address 2 |                |                 |         |
| City      | State/Province | Zip/Postal Code | Country |

Mailing Address

Same as legal/permanent address

|           |                |                 |         |
|-----------|----------------|-----------------|---------|
| Address 1 |                |                 |         |
| Address 2 |                |                 |         |
| City      | State/Province | Zip/Postal Code | Country |

## 4. NEW PHONE NUMBERS OF ACCOUNT OWNER

|               |           |
|---------------|-----------|
| Evening Phone |           |
| Daytime Phone | Extension |
| Mobile Phone  |           |

## 5. NEW EMAIL OF ACCOUNT OWNER

Email

## 6. SIGNATURE AND DATE (Account owner must sign and date)

By signing below, you:

- Authorize Forge Trust Co. to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.

Print Account Owner Name

Signature

X

Date (MM/DD/YYYY)

Please sign and submit additional documents as required.

## DELIVERY INSTRUCTIONS

**Email**  
newaccounts@ForgeTrust.com

**Fax**  
(650) 745-2902

**Regular mail**  
Forge Trust Co.  
PO Box 7080  
San Carlos, CA 94070-7080

**Overnight mail**  
Forge Trust Co.  
1160 Industrial Road, Suite 1  
San Carlos, CA 94070-4128