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# ADDRESS CHANGE REQUEST

Use this form to update the address, e-mail, or phone number of an Account Owner. Please print after completion. For assistance with this request, please contact a Client Service Specialist at 800.258.7878. (Hours: Monday - Friday, 8:00 am to 4:30 pm Central time.)

## A Account Information

Account Owner's Name:

Social Security No.:

Date of Birth:

Additional Owner/Authorized Individual:

Address will only be changed on the accounts identified here. ▶

Millennium Account Nos.:

## B Previous Mailing Address & Phone Numbers

Address:

City:

State:

Zip:

Home Phone No.:

Work Phone No.:

E-mail Address:

## C New Address & Phone Numbers

Provide the address used for tax reporting. Cannot be a P.O. Box, Mail Drop or c/o address. ▶

### Legal/Residential Address:

Address:

City:

State:

Zip:

Home Phone No.:

Work Phone No.:

Cell No.:

E-mail Address:

**Note:** Millennium will send a confirmation to both the new and previous mailing address.

**Mailing Address:**  Same as Legal/Residential Address

Address:

City:

State:

Zip:

## D Acknowledgement & Signatures

By signing below, I authorize Millennium to act on the instructions given on this form.

**ALL Account Owners must sign and date this request.**

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Owner/Authorized Individual's Signature: \_\_\_\_\_

Date:

**Note:** If you have a distribution pending, your distribution will not be processed until 10 business days after Millennium completes the processing of your Address Change Request.

