



2001 Spring Road, Suite 700
Oak Brook, IL 60523
877.682.4727 Telephone
630.472.5395 Fax
www.mtrustcompany.com

ADDRESS CHANGE REQUEST

(For Automatic Rollover Accounts Only)

Use this form to update the address, e-mail, or phone number of an Account Owner. 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.

Please print after completion. For assistance with this request, please contact a Client Service Specialist at 877.682.4727. (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:

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 & Signature

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

Please sign and Date as Account Owner. ▶

Account Owner's Signature: _____ Date: _____

SUBMIT A COPY OF YOUR UNEXPIRED GOVERNMENT ISSUED IDENTIFICATION CARD (either a driver's license, state ID, or passport). Note: If the address on your identification card is different than your present address, include a copy of a current utility bill showing your current address.

