

# CUSTOMER INFORMATION CHANGE

Date \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Account Title: \_\_\_\_\_  
\_\_\_\_\_

**Indicate by (X) change to be made:**

- |  |  |
|--|--|
| <input type="checkbox"/> Account Title                   | <input type="checkbox"/> Dividends/Interest              |
| <input type="checkbox"/> Address                         | <input type="checkbox"/> Fractions                       |
| <input type="checkbox"/> Phone Number(s)                 | <input type="checkbox"/> Close Account                   |
| <input type="checkbox"/> Account Executive               | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Duplicate Confirms / Statements | <input type="checkbox"/> Delivery & Receive Instructions |

**Change To:**

(Complete only where changes are to be made)

Account Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone(s) \_\_\_\_\_

**Transfer Instructions:**

- |  |   |
|--|---|
| <input type="checkbox"/> Hold in the Street Name | <input type="checkbox"/> Tfr to Account Name/Hold |
| <input type="checkbox"/> COD                     | <input type="checkbox"/> Tfr / Ship to Bank       |
| <input type="checkbox"/> Tfr/Ship to account     | <input type="checkbox"/> Other: _____             |

Duplicate Confirmation  
Number of Confirms: \_\_\_\_\_

Duplicate Statement  
Number Of Statements: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Client Signature \_\_\_\_\_

Joint Account Holder Signature: \_\_\_\_\_

*(for office use only)*

Rec. By \_\_\_\_\_ Proc. By \_\_\_\_\_