

# Change of Account Holder Information

## ACCOUNT HOLDER INFORMATION *(Current in system)*

Name:	<input type="radio"/> Account Number: _____ <input type="radio"/> This form applies to all accounts in my name at Quest Trust Company
Social Security Number:	Date of Birth:

## REASON FOR CHANGE

This is a change due to:

- Name change due to marriage or legal decree. *(Complete Account Holder New Information section below).*  
**Please include copy of supporting documents such as marriage license, divorce decree, or court order showing new name.**
- Update contact information i.e. phone number, email, or legal/mailling address. *(Complete Account Holder New Information section below).*  
**For change of legal address, please include verification such as utility statement, telephone bill, or mortgage statement.**
- Change of Beneficiary Designation *(Complete Beneficiary Designation section).*

## NEW INFORMATION

Name:	
Primary Phone Number:	E-mail Address: <input type="radio"/> Update primary e-mail <input type="radio"/> Add secondary e-mail
Legal Address:	City, State, Zip Code: <input type="radio"/> Update my billing address
Mailing Address <i>(if different)</i> :	City, State, Zip Code:

## BENEFICIARY DESIGNATION

**I understand that I cannot list myself as a beneficiary to my IRA account.** In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If all of your designated beneficiaries disclaim the account or predecease you, the balance in the account shall be paid in accordance with the Custodial Agreement.

For individuals, please provide the name, social security number, date of birth, and relationship for each beneficiary. For estates, trusts or other entities please provide the exact name or title of the entity, tax identification number, and the date of inception (if available). Although all fields are not required, we ask you provide as much information as possible to help ensure that after your death we are able to properly identify your designated beneficiary.

<input type="radio"/> Primary <input type="radio"/> Contingent  _____ Designated Percentage	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
	Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	

<input type="radio"/> Primary <input type="radio"/> Contingent	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
	Mailing Address:	City, State, Zip Code:

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_____ Designated Percentage	Mobile Phone Number:	E-mail Address:
	Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)	
<input type="radio"/> Primary  <input type="radio"/> Contingent	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
_____ Designated Percentage	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)		
<input type="radio"/> Primary  <input type="radio"/> Contingent	Beneficiary's Name:	Relationship:
	Date of Birth:	Social Security Number:
_____ Designated Percentage	Mailing Address:	City, State, Zip Code:
	Mobile Phone Number:	E-mail Address:
Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust (please submit a copy of trust agreement) <input type="radio"/> Other (Custodianship, Charity, Corporation, etc.)		

**SPOUSAL CONSENT (Only required if spouse is not primary beneficiary in community property state)**

If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI residents only) and you named someone other than your spouse as primary beneficiary or your spouse is not 100% primary beneficiary, this section must be completed. The Custodian disclaims any warranty as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder's spouse. For additional information, please contact your legal advisor.

I am the spouse of the account owner and I consent to the named beneficiaries other than or in addition to myself.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

## SIGNATURE

I authorize the above changes to my contact information.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_