

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

Use this form to change your contact information. If you have multiple accounts, please include all account numbers.

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

1 ACCOUNT OWNER INFORMATION

Soc. Sec. Number: **XXX-XX-**_____ Date of Birth: _____

2 PREVIOUS CONTACT INFORMATION

Legal Name*: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Daytime Phone: _____

Email: _____ Cell Phone: _____

3 NEW CONTACT INFORMATION

Legal Name*: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Daytime Phone: _____

Email: _____ Cell Phone: _____

Check this box to receive online access information once your email has been updated

4 SIGNATURE

***If you have changed your name, please include a copy of your driver's license and social security card. In addition, you must also include a copy of a divorce decree, marriage license, or other legal documentation regarding the change.**

Signature: **X** _____ Date: **X** _____