



AUTHORIZED CONTACT CHANGE FORM

Date: ____/____/____

Beneficiary Account Number: _____

Beneficiary Name: _____

Anyone listed as an authorized contact will have authorization to speak with Trustees and Trust staff regarding the Trust of the Beneficiary including, but not limited to, account activity, legal documents and forms. However, only those specifically indicated below to receive statements and/or submit withdrawal requests will be permitted to do so.

Add the party below

OR

Remove the party below

Name: _____ Phone: (____) _____ - _____

Address: _____

Email: _____ Relationship: _____

Receive Statements: Yes No Submit Withdrawal Requests: Yes No

Send Annual Tax Info.: Yes No

Add the party below

OR

Remove the party below

Name: _____ Phone: (____) _____ - _____

Address: _____

Email: _____ Relationship: _____

Receive Statements: Yes No Submit Withdrawal Requests: Yes No

Send Annual Tax Info.: Yes No

Please submit completed form to:

My Choice Trust Services, 258 Genesee Street, Mezzanine Level, Utica, NY 13502