



CHANGE OF CONTACT INFORMATION FORM

Today's Date:	For questions please call your representative
	TOMER CONTACT INFORMATION
Account Name:	Account #:
Client's OLD Phone Number:	Client's NEW Phone Number:
Client's OLD Cell Phone Number:	Client's NEW Cell Phone Number:
Client's OLD Email:	Client's NEW Email:
	r Pershing Online Access, please attach the Pershing "Online Access ar t. This is required to process the email update. NEW LEGAL address:
OLD <u>MAILING address</u> (if different than legal): NEW MAILING address (if different than legal):
Authorized Signature	Representative's Name: Representative's Signature:
Authorized Signature	REP Certification (Sign above & include Rep number) Rep certifies that he/she has confirmed verbally with client and that ALL signatures are legitimate and compare favorably with the one(s) on file; has checked with the home office for verification of state registration or country approved list. If a PRG domestic account, Rep certifies that he/she is registered in the MAILING ADDRESS STATE as broker. If a
Authorized Signature	PRAG account, Rep certifies that, if required, he/she is registered in the MAILING ADDRESS STATE as advisor.
ALL ACCOUNT HOLDERS MUST SIG	
If a DDC demonstration and desired	FOR INTERNAL USE ONLY
If a PRG domestic account, is the REP registered in the Yes No N/A Fo	oreign Address Verified by
If a PRAG account, is the REP (if required) registered in DE MINIMIS rule apply (Not applicable for WY)?	the MAILING ADDRESS STATE (always required for HI, LA, NE, NH and TX); or does the
Yes No N/A Fo	reign Address Verified by
	Approved by