

## CHANGE OF CONTACT INFORMATION FORM

*If your mailing address, phone number or email address changes, you must notify us in writing.*

### OLD INFORMATION:

OLD ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OLD PHONE NUMBER (include area code) \_\_\_\_\_

### NEW AND/OR CURRENT INFORMATION:

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER (include area code) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EFFECTIVE DATE OF CHANGE \_\_\_\_\_

### CHANGES ARE FOR:

Trust Beneficiary

Grantor

Other (include details) \_\_\_\_\_

.....  
ACCOUNT NUMBER: \_\_\_\_\_

TRUST BENEFICIARY NAME (print full name): \_\_\_\_\_

SIGNATURE OF BENEFICIARY / POA / GUARDIAN: \_\_\_\_\_

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED. FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.  
GOODSHEPHERDFUND.ORG