

Return by regular or overnight mail: 221 South Phillips Avenue, Suite #206, Sioux Falls, SD, 57104
Fax: 605-415-4296 | E-mail: info@IRAFinancialTrust.com | For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. IRA OWNER IDENTIFICATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

PHONE NUMBER

ACCOUNT NUMBER

B. INFORMATION TO UPDATE

ACCOUNT OWNER NAME

EMAIL ADDRESS

PRIMARY DAYTIME PHONE NUMBER

HOME PHONE NUMBER

PHYSICAL ADDRESS (NO P.O. BOXES)

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

C. IRA OWNER SIGNATURE**PLEASE READ BEFORE SIGNING:**

If you are submitting this form to change your name, IRA Financial Trust Company will require the following supporting documents to be mailed with this form:

- **Name Change:** Copy of Marriage Certificate or Birth Certificate

IRA Owner Signature_____/_____/_____
Date