

**1 ACCOUNT HOLDER INFORMATION**

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
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**2 INFORMATION TO UPDATE**Complete **ONLY** the information you wish to add or change on your account:

ACCOUNT HOLDER NAME	EMAIL ADDRESS	
PRIMARY DAYTIME PHONE NUMBER	CELL PHONE NUMBER	
BUSINESS PHONE NUMBER	FAX NUMBER	
<input type="checkbox"/> <b>LEGAL ADDRESS (NO P. O. BOXES)</b>		
STREET ADDRESS		
CITY	STATE	ZIP CODE
<input type="checkbox"/> <b>MAILING ADDRESS</b>		
STREET ADDRESS		
CITY	STATE	ZIP CODE

**3 SIGNATURE****PLEASE READ BEFORE SIGNING:**

If you are submitting this form to change your name, Equity Trust Company will require a copy of the legal document supporting the change (e.g., copy of Marriage Certificate).

**Acknowledgement:** I (Account Holder) authorize Equity Trust Company to update its records with regard to my Account in accordance with the instructions set forth above.

ACCOUNT HOLDER SIGNATURE	DATE
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