

1 ACCOUNT HOLDER INFORMATION

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|---------------------|----------------|
| ACCOUNT HOLDER NAME | ACCOUNT NUMBER |
|---------------------|----------------|

2 INFORMATION TO UPDATE

 Please fill in **ONLY** the information you wish to add or change on your account:

| | |
|------------------------------|-------------------|
| ACCOUNT OWNER NAME | EMAIL ADDRESS |
| PRIMARY DAYTIME PHONE NUMBER | CELL PHONE NUMBER |
| BUSINESS PHONE NUMBER | FAX NUMBER |

 LEGAL ADDRESS (NO P. O. BOXES)

| | | |
|----------------|-------|----------|
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

 MAILING ADDRESS

| | | |
|----------------|-------|----------|
| 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 |
|--------------------------|------|