

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

 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
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