



2001 Spring Road, Suite 700
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ADDRESS CHANGE REQUEST

A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Social Security No:

Date of Birth:

B PREVIOUS MAILING ADDRESS AND PHONE NUMBER

Address:

City:

State:

Zip:

Phone No.:

E-mail Address:

C NEW ADDRESS AND PHONE NUMBER

New Mailing Address:

Address:

City:

State:

Zip:

Home Phone No.:

Work Phone No.:

E-mail address:

Residential Address (If different from above; you must provide your physical address if P.O. Box provided for mailing address):

Address:

City:

State:

Zip:

(Please note: We will send you a confirmation receipt of the change to both the new and previous address.)

D ACCOUNT OWNER'S SIGNATURE

Account Owner's Signature: _____ Date:

NOTE: If you have a distribution pending, your distribution will not be processed until 10 business days after Millennium Trust Company completes the processing of your address change request.

