



This form is to be completed by Representatives only. Complete this form if you wish to make changes to your address, phone number or email.

1. PERSONAL INFORMATION (*required field)

Should IRA Services need to contact you in regards to this request, your preferred method of contact is:

Email

Primary Phone

Representative First Name*	Representative Middle Name	Representative Last Name*	
Representative Email*	Firm/Company Name*		
Phone* XXX-XXX-XXXX		Fax XXX-XXX-XXXX	
Address*			
City*	State/Province*	Zip/Postal Code*	

2. NEW ADDRESS OF AUTHORIZED REPRESENTATIVE

New Mailing Address

Firm/Company Name			
Address 1			
Address 2			
City	State/Province	Zip/Postal Code	Country

3. NEW PHONE NUMBERS/EMAIL OF AUTHORIZED REPRESENTATIVE

Daytime Phone XXX-XXX-XXXX	Extension	Mobile Phone XXX-XXX-XXXX	Email
----------------------------	-----------	---------------------------	-------

4. SIGNATURE AND DATE (Authorized representative must sign and date)

By signing below, you:

- Authorize IRA Services to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.

Signature X	Print Authorized Representative Name	Date (MM/DD/YYYY)
----------------	--------------------------------------	-------------------

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
newaccounts@IRAServices.com

Fax
(650) 745-2902

Regular mail
IRA Services
PO Box 7080
San Carlos, CA 94070-7080

Overnight mail
IRA Services
1160 Industrial Road, Unit 1
San Carlos, CA 94070-4128