

TO SUBMIT THIS FORM
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Austin, Texas 78754



CONTACT INFORMATION UPDATE FORM

Sub-Account Number: _____

Beneficiary: _____

Please complete ALL blanks with current information.

THIS IS FOR CONTACT INFORMATION UPDATES ONLY

Contact information to be updated for (Check ONE box only):

- | | |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> First Alternate Representative |
| <input type="checkbox"/> Primary Representative | <input type="checkbox"/> Final Remainder Beneficiary |
| <input type="checkbox"/> Guardian | |
| <input type="checkbox"/> Legal Representative | <input type="checkbox"/> Other _____ |

Name: _____ Male Female Other

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

Notes: _____

- ***If there is a change in who is serving as Primary Representative on the sub-account, a CHANGE OF REPRESENTATIVE FORM should be completed.***
- ***If there is a change in the Legal Representative (REPRESENTATIVE PAYEE, GUARDIAN or POWER OF ATTORNEY) contact your Coordinator and provide updated documentation.***

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative.

VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms