

# | Settlement Trust Group

## Address or Name Change Form

Address Change		
Trust Name:	Trust Account Number:	
New Address		
Address:		
City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:
Previous Address		
Address:		
City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:
Name Change		
Trust Name:	Trust Account Number:	
Previous Name:	New Name:	
Reason For Name Change: (please attach appropriate documentation)		
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other (please specify):		
Authorized Signature (No change can be made without an authorized signature)		
Signature:	Date:	