



HILLIARD LYONS

PRIVATE BANKING

REQUEST TO CHANGE CONTACT INFORMATION

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 877.644.1513
 F: 302.791.5787
 www.hilliardlyonsprivatebanking.com

I request that the Bank update my account(s) listed below with the following contact information. I understand that I may be requested to provide additional information as proof of the change(s).

For a name change, the Bank will require proof of identity (copy of a valid driver's license, passport, state-issued ID or military ID) and documentation of the legal name change (copy of a marriage certificate, divorce decree, court order or other government-issued certification).

Please note: The individual signing this form must be an Authorized Signer on each of the accounts listed.

Please complete the entire form (Parts 1-5).

PART 1: Account Information

| | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|----------------|
| Account Number: | | | | | | | | | | | Account Title: |
| Account Number: | | | | | | | | | | | Account Title: |
| Account Number: | | | | | | | | | | | Account Title: |

PART 2: Old Contact Information (to be removed from account(s))

| | | | | | | |
|---|--|--------------------------------|-----|---------------|------|---------|
| Authorized Signer First Name: | | | MI: | Last Name: | | |
| Mailing Address: | | | | | | Apt. #: |
| City: | | | | State: | Zip: | |
| Street Address: (required if mailing address is to a P.O. Box) | | | | | | |
| City: | | | | State: | Zip: | |
| Home Phone: | | Work Phone: (and extension) | | Mobile Phone: | | |
| Email: | | | | | | |

PART 3: New Contact Information (to be added to account(s))

| | | | | | | |
|---|--|--------------------------------|-----|---------------|------|---------|
| Authorized Signer First Name: | | | MI: | Last Name: | | |
| Mailing Address: | | | | | | Apt. #: |
| City: | | | | State: | Zip: | |
| Street Address: (required if mailing address is to a P.O. Box) | | | | | | |
| City: | | | | State: | Zip: | |
| Home Phone: | | Work Phone: (and extension) | | Mobile Phone: | | |
| Email: | | | | | | |

PART 4: Checks – Reorder

Please order **new checks** reflecting my new contact information, in the same style as my last check order. I understand that the affected account(s) will be charged accordingly.

PART 5: Signature – Required

The individual signing below must be an Authorized Signer on each of the accounts listed in Part 1.

| | |
|---------------------------------|-----------------------|
| Signature of Authorized Signer: | |
| Print Name: | Date: (mm/dd/yyyy) |

Allow three business days for the change(s) to become effective.

Please **mail or fax** this completed form to: Hilliard Lyons Private Banking, Attn: Account Maintenance
409 Silverside Road, Suite 105, Wilmington, DE 19809 • 302.791.5787