



A Division of Equity Trust Company

ACCOUNT MAINTENANCE FORM



INSTRUCTIONS AND GUIDELINES

Use this form if you need to update information on your account such as:

- Name
- Address (Physical or Mailing)
- Contact Information
- Social Security Number
- Interested Parties

If the information you need to change is not listed above, please contact your Client Services Representative for assistance.

When completing the *Account Maintenance Form* please follow these guidelines:

- If you are changing your name or social security number, you must provide the required supporting documents. See Signature section for a list of those documents.



SUBMISSION OPTIONS

FAX

254-751-0872

OVERNIGHT

Sterling Trust
1101 Wooded Acres
Suite 120
Waco, TX 76710

REGULAR MAIL

Sterling Trust
P.O. Box 2526
Waco, TX 76702-2526

E-MAIL

IRAServices@SterlingTrustCompany.com



CONTACT INFORMATION

REGULAR MAIL

Sterling Trust
P.O. Box 2526
Waco, TX 76702-2526

OVERNIGHT

Sterling Trust
1101 Wooded Acres
Suite 120
Waco, TX 76710

For assistance, please contact a Client Service Representative at:

Phone:

800-955-3434 (Option 2)
254-751-1505 (Option 2)

Fax:

254-751-0872

Website:

www.SterlingTrustCompany.com

Or e-mail questions to:

IRAServices@SterlingTrustCompany.com

DO NOT FAX OR MAIL THIS COVER PAGE



P.O. Box 2526, Waco, TX 76702-2526
 PHONE: 800-955-3434 (option 2), 254-751-1505 (option 2)
 FAX: 254-751-0872 / E-MAIL: IRAServices@SterlingTrustCompany.com

ACCOUNT MAINTENANCE FORM

A Division of Equity Trust Company

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 CURRENT INFORMATION

Your current name, as titled on your IRA, and account number are required so we can properly identify your IRA account:

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
EMAIL ADDRESS	

2 INFORMATION TO UPDATE

Please fill in **ONLY** the information you wish to add or change on your account:

ACCOUNT OWNER NAME*		SOCIAL SECURITY NUMBER*	
EMAIL ADDRESS			
PRIMARY DAYTIME PHONE NUMBER		CELL PHONE NUMBER	
BUSINESS PHONE NUMBER		FAX NUMBER	
<input type="checkbox"/> PHYSICAL ADDRESS (NO P. O. BOXES)			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
<input type="checkbox"/> MAILING ADDRESS			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE

Check here if you wish for notification of address change to be sent to your investment holdings

3 ADD/CHANGE INTERESTED PARTIES (OPTIONAL)

An interested party is a company or individual that you can designate to receive a copy of your statement. An interested party does not have access to and cannot make any changes to your account. Each account may have up to two interested parties, to add a second interested party, please fill out another *Account Maintenance Form*.

Add Replace Existing Remove

NAME	PHONE NUMBER	
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS		

4 SIGNATURE

PLEASE READ BEFORE SIGNING:

*If you are submitting this form to change your name or your social security number, Sterling Trust will require the following supporting documents to be mailed with this form:

- **Name Change:** Copy of legal documents supporting request.
- **Social Security Number Change:** W9 or Social Security Card.

SIGN & DATE

X

Account Holder's Signature

Date