



ADDRESS CHANGE AUTHORIZATION

M2 Trust Services, LLC
700 17th Street, Suite 1100
Denver, CO 80202
Phone: (888) 265-1225

1. ACCOUNT HOLDER INFORMATION

First Name Middle Initial Last Name
Account Number Daytime Phone Number

2. PREVIOUS MAILING ADDRESS

Address:
City: State: Zip:

3. NEW MAILING ADDRESS AND CONTACT INFORMATION

Address:
City: State: Zip:
Phone Number: Email Address:

Residential Address (If different from above, please provide your physical address)

Address:
City: State: Zip:

4. ACCOUNT HOLDER'S SIGNATURE

Account Holder's Signature

Date

X