



**Client Service** | 888.990.7892  
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 6700 Via Austi Parkway, Suite 301  
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# Change of Information Form

PTC IRA Account Number

## SECTION 1 | IRA Account Owner Information

First Name  Last Name  Last 4 Digits of SSN  DOB (MM/DD/YY)

## SECTION 2 | Change Information - Name

Change of **name requests** must be accompanied by an updated copy of a government issued ID such as a drivers license, passport, or state issued ID.

### PREVIOUS Name

Name

### CURRENT Name

Name

## SECTION 3 | Change Information - Address

Change of **address requests** must be accompanied by a document that has your name and the new address such as a drivers license or utility bill.

### PREVIOUS Address

Address   
 City   
 State  Zip

### CURRENT Address

Address   
 City   
 State  Zip

## SECTION 4 | Change Information - Phone and Email

If you need to change your phone number or email, send an email to clientservice@ptcemail.com regarding the change request. **Note that Preferred Trust Company requires a verbal confirmation of phone number and email changes for client identification and security reasons.**

## SECTION 5 | Acknowledgement

Signature of IRA Account Owner  Date

### INTERNAL USE ONLY

**Verified**  
 (Initials and Date)