

TO SUBMIT THIS FORM
E-Mail: Trust@thearcoftexas.org
FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
Austin, Texas 78754



CONTACT INFORMATION UPDATE FORM

Sub-Account Number: _____

Beneficiary: _____

Please complete ALL blanks with current information.

Beneficiary Information

Beneficiary Name: _____ Male Female

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Primary Representative Information

Primary Representative Name: _____ Male Female

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

Notes: _____

Please note: If there is a change of the guardian, Primary Representative or power of attorney, please complete the CHANGE OF PRIMARY REPRESENTATIVE FORM.

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow **5-8 business days** for processing. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.

www.thearcoftexas.org/trust-forms