

TO SUBMIT THIS FORM  
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MAIL: 8001 Centre Park Drive, Suite 100  
Austin, Texas 78754



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## CONTACT INFORMATION UPDATE FORM

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Sub-Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Please complete ALL blanks with current information.**

**THIS IS FOR CONTACT INFORMATION UPDATES ONLY**

Contact information to be updated for (Check ONE box only):

- |   |   |
|---|---|
| <input type="checkbox"/> Beneficiary            | <input type="checkbox"/> First Alternate Representative |
| <input type="checkbox"/> Primary Representative | <input type="checkbox"/> Final Remainder Beneficiary    |
| <input type="checkbox"/> Guardian               |   |
| <input type="checkbox"/> Legal Representative   | <input type="checkbox"/> Other _____                    |

Name: \_\_\_\_\_  Male  Female  Other

Physical Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

Notes: \_\_\_\_\_

- ***If there is a change in who is serving as Primary Representative on the sub-account, a CHANGE OF REPRESENTATIVE FORM should be completed.***
- ***If there is a change in the Legal Representative (REPRESENTATIVE PAYEE, GUARDIAN or POWER OF ATTORNEY) contact your Coordinator and provide updated documentation.***

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.

VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: [www.thearcoftexas.org/trust-forms](http://www.thearcoftexas.org/trust-forms)