

TO SUBMIT THIS FORM
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FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
Austin, Texas 78754



CHANGE OF PRIMARY REPRESENTATIVE FORM

Sub-Account Number: _____

Beneficiary: _____

I, _____ (Primary Representative), wish to resign as Primary Representative of the sub-account for _____ (name of Beneficiary), sub-account number _____.

Please select ONE box below:

Change the Primary Representative to:

- First Alternate Representative Second Alternate Representative
 New Guardian New Power of Attorney Other _____

You must provide proper documentation for a change of guardian or power of attorney

Complete information below for the change to be reviewed and approved.

NEW Primary Representative

Primary Representative Name: _____ Male Female

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of current 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