

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



CHANGE OF REPRESENTATIVE FORM

Sub-Account Number: _____

Beneficiary: _____

Please select ONE box below:

- I, _____ (Primary Representative), wish to resign as Primary Representative of the sub-account for _____ (name of Beneficiary), sub-account number _____.
- A new Primary Representative is required for sub-account number _____ for the benefit of _____ (Beneficiary Name) because _____ (PR Name) is deceased. *Please attach a copy of the death certificate, death verification letter or obituary.*
- The Primary Representative is no longer willing or able to serve. The Grantor/Beneficiary/Guardian selects the following:

Change the Primary Representative to (Choose ONLY ONE):

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

If New Guardian or New Power of Attorney is selected, you must provide proper documentation.

NEW Primary Representative

Primary Representative Name: _____ Male Female Other

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

Please submit this form for the change to be reviewed and approved.

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE: _____ 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