

# EQUITY TRUST COMPANY

# ACCOUNT MAINTENANCE FORM

## WHEN TO USE THIS FORM

When you need to update information on your account such as:

- Name
- Address (Physical or Mailing)
- Contact Information
- Social Security Number
- Interested Parties

If the information you need to change is not listed above, please contact your First Class Service Team for assistance. Our specialists can be reached Monday through Friday, from 9:00 a.m. to 6:00 p.m., Eastern Time.

This form is not to be used in order to change your security information. Instead you will need to fill out the Security Designation Form. This form can be found on our website at <http://www.trustetc.com/forms> or you may contact your First Class Service Team for assistance.

## CONTACT INFORMATION

### PHYSICAL ADDRESS:

Equity Trust Company  
225 Burns Road  
Elyria, OH 44035

### PHONE #:

(440) 323-5491

### WEBSITE:

[www.trustetc.com](http://www.trustetc.com)

For assistance, please contact a member of your First Class Service Team at:

### TOLL FREE:

(877) 693-8208

Or e-mail questions to:

### E-MAIL:

[help@trustetc.com](mailto:help@trustetc.com)



## INSTRUCTIONS AND GUIDELINES

When completing the Account Maintenance form please follow these guidelines:

- If you are changing your name or social security number, you must fill out a new application and mail it with the required supporting documents. See Section 4 for a list of those documents.
- You may use this form to designate an interested party on your account. An interested party is a company or individual you designate to receive a copy of your statement. They do not have access to and cannot make changes to your account.
- If you are currently receiving periodic distributions by mail and wish to change the address that these checks are sent to, you will need to complete a new *Distribution Form* in its entirety, making sure to mark "Change to an existing recurring distribution" in Section 3. Completing this form alone will not update the address associated with recurring payments.



## SUBMISSION OPTIONS

### BY FAX:

(440) 366-3755\*

\*Cannot be sent by fax if Name or Social Security Number are changing

### BY E-MAIL:

[help@trustetc.com](mailto:help@trustetc.com)

### REGULAR MAIL:

(Required if changing Name or Social Security Number)

Equity Trust Company  
P.O. Box 1319  
Elyria, OH 44036

### LOG ONTO eVANTAGE NOW:

Website Address: <http://forms.trustetc.com/evantage>

### OVERNIGHT MAIL:

Equity Trust Company  
225 Burns Road  
Elyria, OH 44035

**DO NOT FAX OR MAIL THIS COVER PAGE**

### 1 CURRENT INFORMATION

Your current name, as titled on your IRA, and account number are required so we can properly identify your IRA account:

ACCOUNT OWNER NAME	ACCOUNT NUMBER
EMAIL ADDRESS	

### 2 INFORMATION TO UPDATE

Please fill in **ONLY** the information you wish to add or change on your account:

ACCOUNT OWNER NAME*		SOCIAL SECURITY NUMBER*	
EMAIL ADDRESS			
PRIMARY DAYTIME PHONE NUMBER		CELL PHONE NUMBER	
BUSINESS PHONE NUMBER		FAX NUMBER	
<input type="checkbox"/> PHYSICAL ADDRESS (NO P. O. BOXES)			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
<input type="checkbox"/> MAILING ADDRESS			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE

### 3 ADD/CHANGE INTERESTED PARTIES (OPTIONAL)

An interested party is a company or individual that you can designate to receive a copy of your statement. An interested party does not have access to and cannot make any changes to your account. Each account may have up to two interested parties, to add a second interested party please fill out another Account Maintenance Form.

Add the following interested party     Change to the following interested party     Remove the following interested party

NAME	PHONE NUMBER	
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE

### 4 SIGNATURE

**PLEASE READ BEFORE SIGNING:**

\*If you are submitting this form to change your name or your social security number, Equity Trust Company will require the following supporting documents to be mailed in with this form:

- **Name Change:** Copy of Marriage Certificate *or* Birth Certificate *and* a New Application
- **Social Security Number Change:** Copy of Driver's License *or* Social Security Card *and* a New Application

#### SIGN & DATE

X

Account Owner's Signature

Date