



Trust Name \_\_\_\_\_

Trust Account # \_\_\_\_\_

**NAME CHANGE**

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Reason for Name Change:            Married            Divorced

Other: Specify \_\_\_\_\_

**\*Attach copy of legal document for proof of name change.**

**ADDRESS CHANGE**

Previous Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Effective Date: \_\_\_\_\_            New Telephone #: \_\_\_\_\_

**AUTHORIZED SIGNATURE REQUIRED FOR NAME AND/OR ADDRESS CHANGE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form to:

**Capital First Trust Company  
Trust Service Administration  
700 W Virginia St., STE 500  
Milwaukee, WI 53204**