



CAPITALFIRST TRUST COMPANY

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
234 W. Florida St., STE 400
Milwaukee, WI 53204**