

Change of Address Form

1. YOUR INFORMATION

Your Name:	New Direction Account Number:
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2. YOUR OLD INFORMATION

Legal Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Phone Number:	Cell Phone Number:	Fax Number:	Email Address:	

3. YOUR NEW INFORMATION

Legal Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Phone Number:	Cell Phone Number:	Fax Number:	Email Address:	

Important note regarding email address changes: If you are new to the myDirection.com Web Portal, or chosen to use your email address as your user name/ login, your user name/ login will be updated to reflect your new email address.

4. YOUR SIGNATURE

HANDWRITTEN SIGNATURE ONLY - ELECTRONIC SIGNATURES ARE NOT ACCEPTED.

Account Holder Signature: _____ Date: _____

PLEASE SEND THIS FORM TO NEW DIRECTION TRUST COMPANY VIA FAX, EMAIL OR STANDARD MAIL.