



QUEST TRUST
C O M P A N Y

Change of Account Holder Information

Quest Trust Company
17171 Park Row, Suite 100
Houston, TX 77084
P: 800.320.5950
F: 281.646.9701
NewAccounts@QuestTrust.com

ACCOUNT HOLDER INFORMATION (CURRENT IN SYSTEM)

Name:	Account Number:
Social Security Number:	Date of Birth:
Primary Phone Number:	E-mail Address:
Legal Address:	City, State, Zip Code:
Mailing Address (If different from above):	City, State, Zip Code:

REASON FOR CHANGE

This is a change due to:

- Name change due to marriage or legal decree. (Complete Account Holder New Information section below). Please include copy of supporting documents such as marriage license, divorce decree, or court order showing new name.
- Update contact information i.e. phone number, email, or legal/mailing address. (Complete Account Holder New Information section below). For change of legal address, please include verification such as utility statement, telephone bill, or mortgage statement.
- Change of Beneficiary Designation (Complete Beneficiary Designation section)

NEW ACCOUNT HOLDER INFORMATION

Name:	
Primary Phone Number:	E-mail Address:
Legal Address:	City, State, Zip Code:
Mailing Address (If different from above):	City, State, Zip Code:

BENEFICIARY DESIGNATION

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis. If your all of your designated beneficiaries disclaims the account or predeceases you, the balance in the account shall be paid in accordance with the Custodial Agreement.

For individuals, please provide the name, social security number, date of birth, and relationship for each beneficiary. For estates, trusts or other entities please provide the exact name or title of the entity, tax identification number, and the date of inception (if available). Although all fields are not required, we ask you provide as much information as possible to help ensure that after your death we are able to properly identify your designated beneficiary.

Primary	Beneficiary's Name:	Relationship:
	Date of Birth or Date of Creation:	Social Security/ Tax ID Number:
Contingent	Mailing Address:	City, State, Zip Code:
	Primary Phone Number:	Email Address:
Designated Percentage: _____	Beneficiary is: an Individual a Trust (please submit copy of trust agreement) Other (Custodianship, Charity, Corporation, etc.)	



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Primary Contingent Designated Percentage: _____	Beneficiary's Name:	Relationship:
	Date of Birth or Date of Creation:	Social Security/ Tax ID Number:
	Mailing Address:	City, State, Zip Code:
	Primary Phone Number:	Email Address:
	Beneficiary is: an Individual a Trust (please submit copy of trust agreement) Other (Custodianship, Charity, Corporation, etc.)	
Primary Contingent Designated Percentage: _____	Beneficiary's Name:	Relationship:
	Date of Birth or Date of Creation:	Social Security/ Tax ID Number:
	Mailing Address:	City, State, Zip Code:
	Primary Phone Number:	Email Address:
	Beneficiary is: an Individual a Trust (please submit copy of trust agreement) Other (Custodianship, Charity, Corporation, etc.)	
Primary Contingent Designated Percentage: _____	Beneficiary's Name:	Relationship:
	Date of Birth or Date of Creation:	Social Security/ Tax ID Number:
	Mailing Address:	City, State, Zip Code:
	Primary Phone Number:	Email Address:
	Beneficiary is: an Individual a Trust (please submit copy of trust agreement) Other (Custodianship, Charity, Corporation, etc.)	

SPOUSAL CONSENT (IF APPLICABLE)

If you live in a community property state (AZ, CA, ID, LA, NM, PR, TX, WA, WI residents only) and your spouse is not 100% beneficiary, this section must be completed. The Custodian disclaims any warranty as to the effectiveness of the Account Holder's beneficiary designation or as to the ownership of the account after the death of the Account Holder's spouse. For additional information, please contact your legal advisor.

I am the spouse of the account owner and I consent to the named beneficiaries other than or in addition to myself.

Signature of Spouse: _____ Date: _____

SIGNATURE

I authorize the above changes to my account.

Signature of Account Holder: _____ Date: _____