



1251 Waterfront Place, Suite 525
Pittsburgh, PA 15222
1-800-693-7800
www.macg.com

Change of Address

1. ACCOUNT INFORMATION

I/We authorize Mid Atlantic Trust Company to change my address on the following account(s):

Account Number: _____

Account Registration: _____

This change should take effect: Immediately Effective Date: _____

2. LEGAL ADDRESS (REQUIRED)

Please provide your legal/home address below, which must be a physical street address. P.O. Boxes are not allowed.

Legal Street Address (P.O. boxes are not allowed) City State Zip Code

Day Phone Evening Phone Email Address (optional)

3. MAILING ADDRESS INFORMATION (OPTIONAL)

Please provide your mailing address below, if different from your home/legal address indicated in Section 2. P.O. boxes may be used.

Mailing Address (if different from above; P.O. boxes may be used) City State Zip Code

4. AUTHORIZED SIGNATURES

Signature: Account Holder/Trustee/Authorized Agent Print Name Date

Signature: Additional Account Holder/Co-Trustee/Authorized Agent Print Name Date

FOR INTERNAL USE ONLY	DATE RECEIVED:	DATE PROCESSED:	SIGNATURE VERIFIED:	PROCESSOR INITIALS
-----------------------	----------------	-----------------	---------------------	--------------------