Account Update Form



Account Information

Account Number:	Account Name:		Account Type:	
1.				
2.				
3.				
4.				
Address Use this address	s for check imprint			
Please change the address on my account	(s) to the following:			
Legal Address (No PO Boxes):				
City:		State:		Zip:
Mailing Address (If different from above):				
ivialing Address (ij dijjerent from above):				
City:		State:		Zip:
Email Address/Phone	Number – Changes will	not update your Access O	nline acco	unt, which must be done o
Please change the primary email address	for my account(s) to the following:			
Email Address:		Secondary Email Address: (optio	nal)	
Please change the phone number(s) on m	y account(s) to the following:			
Primary Phone (required):	· · · · · · · · · · · · · · · · · · ·	Additional Phone: (optional)		
Tax Lot Relief Method	b			
Please change the Tax Lot Relief Method	for my account(s) to the following:			
- · · · · · · · · · · · · · · · · · · ·	, ,	nest Cost Short Term (HCST) nest Cost Long Term (HCLT)		t Cost Long Term (LCLT) t Cost Short Term (LCST)
Equity Dividend Rein		iest cost cong remi (necr)	_ Lowes	cost short renn (Less)
		da a.		
Please change the Equity Dividend Reinve	, , ,	ring:		
Interested Party-Dup	licate Statements/0	Confirmations \Box	Remove	Interested Party
Please send duplicate Statements and	d/or Confirmations to the followin	g party:		
Name:	Address:			
City:		State:	7	Zip:
				-·r·

Cash Sweep Selection				
In accordance with the terms of the accouncash balances in my account. In absence of				
Cash Sweep Option. (Select only one): ☐ FDIC-Insured Bank Deposit Sweep ☐ Do not sweep proceeds to Money Market		Dividends/Interest Preference. (Select only one): *Not available for IRA accounts. ☐ Post to Account ☐ Mail Checks: Daily ☐ Mail Checks: Semi-Weekly (Tuesdays and Fridays) ☐ Mail Checks: Monthly (First Business Day)		
Occupation				
Please update the Occupation/Employer inf	ormation on my account(s) to th	ne following:		
Occupation (Select only one):				
☐ Administrative/Clerical☐ Homemaker☐ Public Services☐ Unemployed	☐ Clergy☐ Information Tech☐ Retired☐ Farming/Fishing/Forest	☐ Craftsman/Skilled Worker☐ Personal Service Provider☐ Salesry	☐ Education☐ Proprietor/Professional☐ Student	
Employer Name: (If retired, please list previous	us employer)			
Employer Address:				
City:		State:	Zip:	
Advisor Permission				
Please update the Advisor's Permissions on	my account(s) to the following:			
Firm Name:				
	an advisory agreement with m	act on instructions from my Advisor to do y Advisor, which gives my Advisor author		
Certification				
Account Holder Signature		Print Name	Date	
Account Holder Signature		Print Name	Date	
Account Holder Signature		Print Name	Date	
Account Holder Signature		Print Name	Date	

^{*}Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.