

# IRA ACCOUNT INFORMATION CHANGE FORM

## ACCOUNT INFORMATION

Name on Account: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ Plan #: \_\_\_\_\_

## CHANGE OF ADDRESS

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

## CHANGE OF NAME

Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

## SUPPORTING DOCUMENTATION

If updating or changing any personal information of the Account Owner, provide reason for change and submit documentation supporting the legality of the change. You should expect to receive communication from us related to any such changes, please be sure to provide an e-mail address and/or telephone number above.

Reason: \_\_\_\_\_

### Supporting Documentation List – one or more of the following will be accepted:

**For Name Changes:** (Drivers License with Social Security Card/W9)

**For Address Changes:** (Drivers License showing new address, Recent Utility Bill, Voter Registration Card, Post Office Confirmation Change, Mortgage Statement/Insurance Bill, Recent Pay Stub)

## SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** BPAS  
6 Rhoads Drive, Suite 7  
Utica, NY 13502

**Fax to:** (315) 292-6483

Any changes submitted herein may result in a delay in any submitted withdrawal requests by up to two weeks.

