

IRA ACCOUNT INFORMATION CHANGE FORM

ACCOUNT INFORMATION

Full Name: _____ 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: _____

Please return all paperwork/requests to BPAS via one of the following methods.

- Secure Upload Via Participant Portal: Login to your account at u.bpas.com. Click on the Upload Paperwork icon (located in the top right corner, next to the envelope icon) to complete the upload.
- Mail: BPAS 126 Business Park Drive, BLDG #2, Utica, NY 13502-6374
- Fax: 1-315-292-6483

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

