

## Account Change Form

Please use this form to make changes to contact or account information associated with your Life Income Funds Account.

Instructions: Please mail the signed, original to the address above.

### CURRENT ACCOUNT INFORMATION

Beneficiary's Complete Name

Donor Record Number

Daytime Phone

Evening Phone

Change:  Address  Income Receipt

### COMPLETE THIS SECTION TO UPDATE CONTACT INFORMATION

Name

Email

Address

City

State

Zip

Daytime Phone

Evening Phone

### COMPLETE THIS SECTION TO UPDATE INCOME DISTRIBUTION INFORMATION

Mail Check  ACH  Wire For ACH and Wire transfers, please include the following:

Name of Financial Institution

Routing/ABA #

Account Number

City

State

Zip

Name(s) Registered on the Account

Please mark the type of account:  Checking  Savings/Money Market

### PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP

If your name has changed due to marriage, divorce or legal name change, please attach supporting documentation such as a copy of the marriage license, divorce decree or legal name change certificate.

Beneficiary Signature

Date