



ACCOUNT MAINTENANCE FORM

P.O. Box 3587, Albuquerque, NM 87190 • Toll Free: 1-800-529-3951 • Local: 505-514-0539 • Fax: 505-792-6096 • help@IRASTC.com

Please complete part 1 and part 2 in their entirety. Parts 3 -7, only complete the information you need changed on your account(s) with us.

PART 1: EXISTING ACCOUNT OWNER INFORMATION (all fields in this section are required)

Name (First, Middle, Last): _____

Email Address: _____ Primary Contact Number: _____

PART 2: ACCOUNT INFORMATION (all fields in this section are required)

Account Type: ☐ Traditional ☐ SEP IRA ☐ Simple IRA Other _____

☐ ROTH ☐ 401K ☐ CESA ☐ HSA Account Number(s): _____

Requests will not be completed without listing any/all account numbers

PART 3: NEW ADDRESS INFORMATION

New Physical Address: _____ City: _____ State: _____ ZIP Code: _____

New Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

☐ Check here if new Mailing Address is same as your Legal Address (default mailing address if no information is provided below)

PART 4: NEW CONTACT INFORMATION

New Primary Phone: _____ New Secondary Phone: _____

New Primary Email: _____ New Fax Number: _____

New Secondary Email: _____

PART 5: NEW PIN CODE

New 4-Digit PIN Code: _____

PART 6: CHANGE IN NAME

If you are changing your name, supporting documentation will need to be sent along with this form, such as a copy of a marriage certification. We will also need a copy of your current driver license or state identification card reflecting your name legal name.

New Name (First, Middle, and Last): _____

PART 7: ACKNOWLEDGEMENTS AND SIGNATURE (physical signature required - unless submitted through a DocuSign envelope including summary page, for audit purposes No Exceptions)

Please provide a copy of your original, ink signature or DocuSign. If you choose to DocuSign, we require a copy of the Signature Summary to be provided. Other forms of digital signatures are not currently accepted. By signing this form as the account holder, you authorize Specialized Trust Company to change your contact information that is currently on file with regards to your account(s) in accordance with the above information.

Account Owner Signature : _____ Date : _____

stamps, copy & paste, or non-DocuSign signatures not accepted

Responsible Individual Signature : _____ Date : _____

(CESA or Minor Account Only)