



Information Change Request

IRA Account

Looking for an easier, faster way to submit paperwork? Try the **SERVICENOW** option at www.StrataTrust.com/Forms
◆ E-sign and transmit directly to STRATA ◆ Safely upload supporting documentation ◆ Securely transfer data with SFTP file protocol

Use this form to update contact information for a STRATA Trust Company ("STRATA") IRA account.

For security purposes, confirmation of any account changes will be sent to both the current account information on file and the new contact details.

- ➔ *Beneficiaries may *only* update account information if the original accountholder is deceased (documentation required).
- ➔ Active accountholders may *only* update beneficiary contact information using STRATA's IRA Beneficiary Designation form.
- ➔ *Power of Attorneys (POAs) may *only* make changes to accounts for which the current accountholder has designated them. To assign a POA, the accountholder must complete STRATA's Power of Attorney Designation form.

Section 1 Current Account Information (All information must be completed)

Select your Role: ☐ Accountholder ☐ *Beneficiary of Deceased Accountholder ☐ *POA

*Beneficiary/POA Name
(If filling out the form.)

*Beneficiary/POA Email
(If filling out the form.)

Accountholder
Name

Account
Number

Social Security Number
(Last 4 digits only)

Cellular
Phone

Birthdate

Address of Record

City

State

Zip

Email

Section 2 New Contact Information

Select the information you would like to update, please leave the fields blank if there are no changes. For name or birthdate changes supporting legal documentation is required. For social security number changes, submit [IRS Form W-9](#).

☐ Name ☐ Social Security Number (9 digits) ☐ Birthdate

☐ Street Address
(Must be a physical address, no P.O. Boxes allowed.)

City

State

Zip

☐ Check here to apply to both Street and Mailing Addresses

☐ Mailing Address
(If different from Street Address.)

City

State

Zip

☐ Update Phone: Cellular _____ Home _____ Business _____

☐ Add Phone: Cellular _____ Home _____ Business _____

Client Services 866.928.9394 | AccountMaintenance@StrataTrust.com | Online: www.StrataTrust.com/Service-Request



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➔ **Email Requirements:** A valid, unique email address is required for each accountholder. No two accountholders can share an email address.

☐ Update Email: ☐ Primary Email: _____ ☐ Secondary Email: _____
☐ Add Email: ☐ Secondary Email: _____

☐ I understand that changing my email on this form only changes it for my STRATA account record. In order to change it for online account password recovery access, I must log into my online account and [update the email address](#) located on the "Edit Profile" screen.

Section 3 Terms and Conditions

I hereby certify that all the information provided is true and correct and may be relied on by STRATA.



Authorized Signature

Date

Print Name

Form Submission Options

- Fax: 512.495.9554
- Email: AccountMaintenance@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco, TX 76712

Client Services 866.928.9394 | AccountMaintenance@StrataTrust.com | Online: www.StrataTrust.com/Service-Request